

Please complete this form using
Adobe Reader or Adobe Acrobat

Curriculum Vitae

Application for the AOSpine Global Diploma Exam

Personal Details

Name _____
Email _____ Mobile _____
Nationality _____ Year of Medical School Graduation _____
AO membership # _____ (can be found on the AOSpine website in your membership profile)

Institution/Organization Details

Hospital/Institution _____
Address line 1 _____
Address line 2 _____
City, Postcode _____ Country _____
Telephone _____

Education

Graduate education

Specialty training

Professional Information

Current professional positions (include title and institution)

Current academic positions (include title and institution)

AOSpine Stettbachstrasse 6, 8600 Dübendorf, Switzerland
www.aospine.org

If you have any questions, please contact us at globalspinediploma@aospine.org