

## Faculty application form

### 1. Personal information

First Name:

Surname:

AOSpine member No.:

Email-address:

### 2. Motivation

Please explain in a few sentences why you would like to become an AOSpine faculty member:

### 3. Spine procedures

a. Experience

First year of active involvement in practicing spine surgery:

b. Indicate approx. number of spine procedures you personally perform per year:

Degenerative disorders	<input type="text"/>
Tumors	<input type="text"/>
Infections	<input type="text"/>
Inflammatory diseases	<input type="text"/>
Deformities	<input type="text"/>
Trauma	<input type="text"/>
Metabolic bone disease	<input type="text"/>
Total	<input type="text"/>

### 4. Academic information

Title	University/medical school	Country	Year of graduation

**5. Postgraduate medical education**

Qualification	Institution	Degree	Country	Year of graduation

**6. Fellowships completed**

Fellowship director	Institution	City	Country	Year of completion

**7. AOSpine educational events attended**

Course name	City	Country	Date	Type	Role

**8. Other education**

Eg, Masters of Medical Education, Masters of business administration (MBA)

Qualification	Institution	Degree	Country	From	To

**9. Teaching languages: Specify your language skills for teaching**

Mother tongue	<input type="text"/>
2 <sup>nd</sup> Language	<input type="text"/>
Level	<input type="text"/>
3 <sup>rd</sup> Language	<input type="text"/>
Level	<input type="text"/>

**10. References/referees : Enter the names of two AOSpine faculty members as references**

Name of AOSpine faculty member I

Email address

Name of AOSpine faculty member II

Email address

Please return this form along with your CV to [education@aospine.org](mailto:education@aospine.org)