

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 nd Language	<input type="text"/>
Level	<input type="text"/>
3 rd 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** and **two recommendation letters** to education@aospine.org