

Host center application form

1: Contact information

Host center contact information

Name of hospital

Street address

Telephone

Postcode/zip code

Website address

City

Country

State/region

Host center

Practice settings

Department

Department name

Head of spine center

Family name

E-mail address

First name

Telephone

Secretary

Family name

E-mail address

First name

Telephone

Second secretary

Family name

E-mail address

First name

Telephone

AO Spine members

Number of AO Spine members

AO Spine members

2: Department information

Department information

Number of beds in department

How many patients visit the outpatient clinic per week?

Number of cases per year

Total surgical cases per year

Subspecialties available to the fellow

Number of cases per year.

Adult deformity

Oncology

Degeneration

Pediatric deformity

Infection

Spinal fragility fractures

Inflammatory spondyloarthropathy

Trauma

Additional subspecialties

Used techniques

Standard open

Minimally invasive surgery

Endoscopy

Anterior surgery

Robotics

Spinal navigation

Tuberculosis surgery

Intradural surgery

Pain management techniques

Thoracoscopy

Other activities

Other hospital activities in which an interested fellow could participate

Scrub in

Is there an opportunity for the AO Fellows to scrub in?

If yes, is there any additional / special license required to scrub in?

If no, please explain why this is not possible?

After-hours duties

Will the fellow be called in for after-hours emergencies?

Languages

What is the dominant language spoken in the operating room?

English written*

English spoken*

***Level of proficiency**
1 equaling basic - 5 equaling proficient

3: Fellowship coordination

Surgeon in charge of fellows

Family name
First name

E-mail address
Telephone

Fellowship coordination

How many AO Spine Fellows can the hospital support over one year?

If yes, how many fellows at a time can be supported?

Can the hospital support more than one AO Spine Fellow at a time?

Time frame

1. Beginning in
1. Ending in

2. Beginning in
2. Ending in

Which months are unsuitable to host a fellow?

Duration

Minimum duration of fellowship

Maximum duration of fellowship

Fellow requirement by the hospital

What level of English language proficiency do you require the fellow to have achieved?

***Level of proficiency**

1 equaling basic - 5 equaling proficient

English written*

English spoken*

What other information, documents, or vaccines do you require the fellow to provide?

Do you charge an application processing fee?

Fee amount?

Please give a brief explanation of this fee.

4: Accommodations

Accommodation

Does the hospital have on-site accommodation? ☐

If yes, what is the approximate rent of the room per week?

Contact family name

Contact E-mail

Contact first name

If no, what accommodation options are available privately?

Distance to hospital

Remarks

Additional notes and remarks