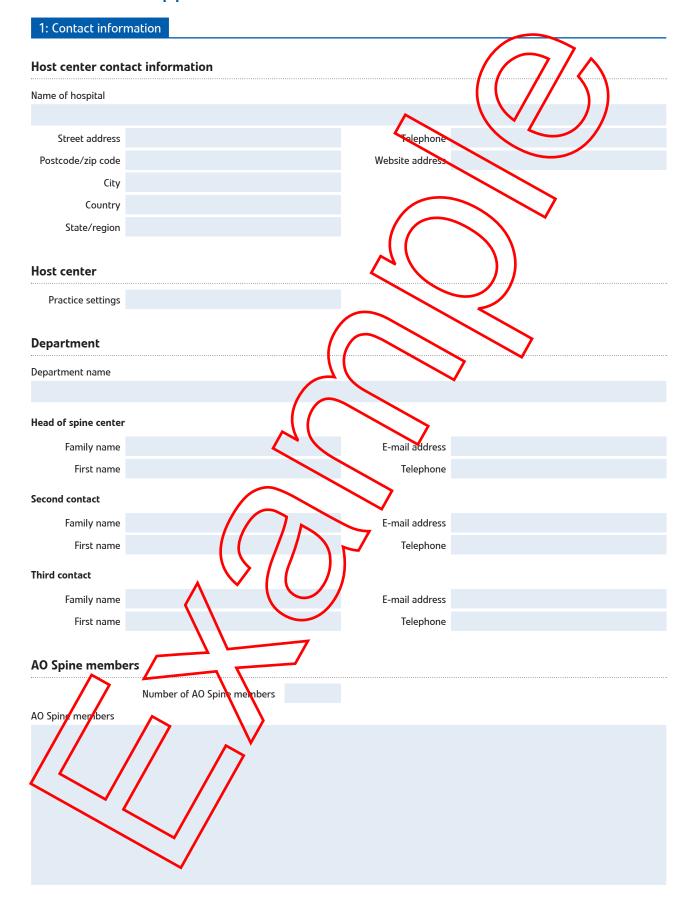


Host center application form



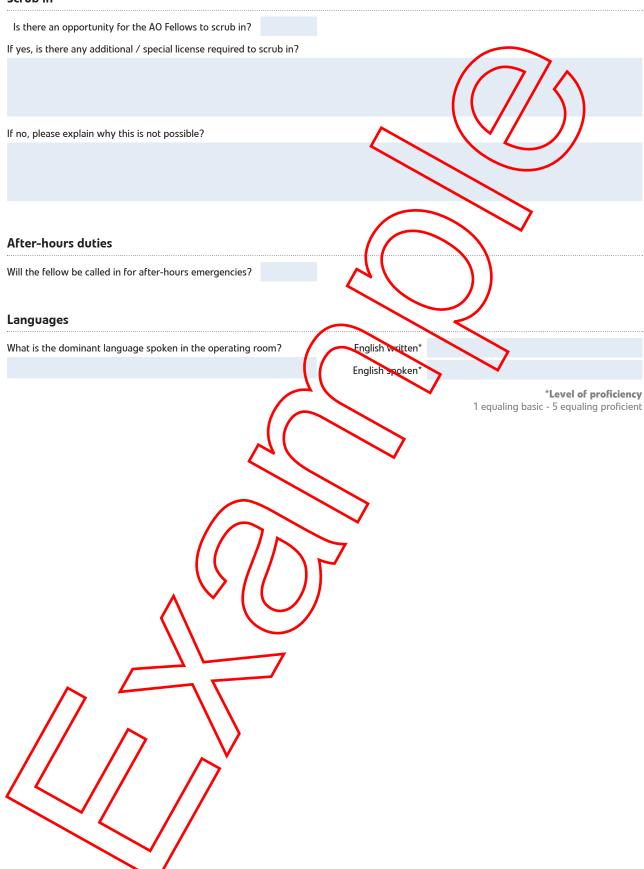


2: Department information

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	Spiral fragility fractures	
Inflammatory spondyloarthropathy	Trauma	
Additional subspecialties		
Used techniques		
Standary open	Minimally invasive surgery	
Endoscoly	Anterior surgery	
Robotics	Spinal navigation	
Tuberculosis surgery	Intradural surgery	
Pa in managem ent techniques	Thoracoscopy	
Other activities Other hospital activities in which an interested fellow could	participate	



Scrub in





3: Fellowship coordination

Surgeon in charg	ge of fellows						
Family name			E-mail address				
First name			Telephone				
Fellowship coord	lination		^				
How many	AO Spine Fellows can the hospital support over one year?		If yes, how many fell	ows at a time can be supported?			
Can t	he hospital support more than one AO Spine Fellow at a time?						
Time frame							
1. Beginning in			2. Beginning in				
1. Ending in			2. Ending in				
Which months are un	suitable to host a fellow?		_ \				
Duration)[7			
	Minimum duration of fellowship			Maximum duration of fellowship			
Fellow requirement by the hospital							
What level of English	n language proficiency do you requi	ire the fellow to h	ave achieved?	* Level of proficiency 1 equaling basic - 5 equaling proficient			
English written*			English spoken*				
What other information	on, documents, or vaccines do you	equire the fellow t	provide?				
	^ (
Do you cha	arge an application processing fee?		Fee amount?				
Please give a brief ex	planation of this fee.						
/7							
	~ / /						



4: Accommodations

