

Host center application form



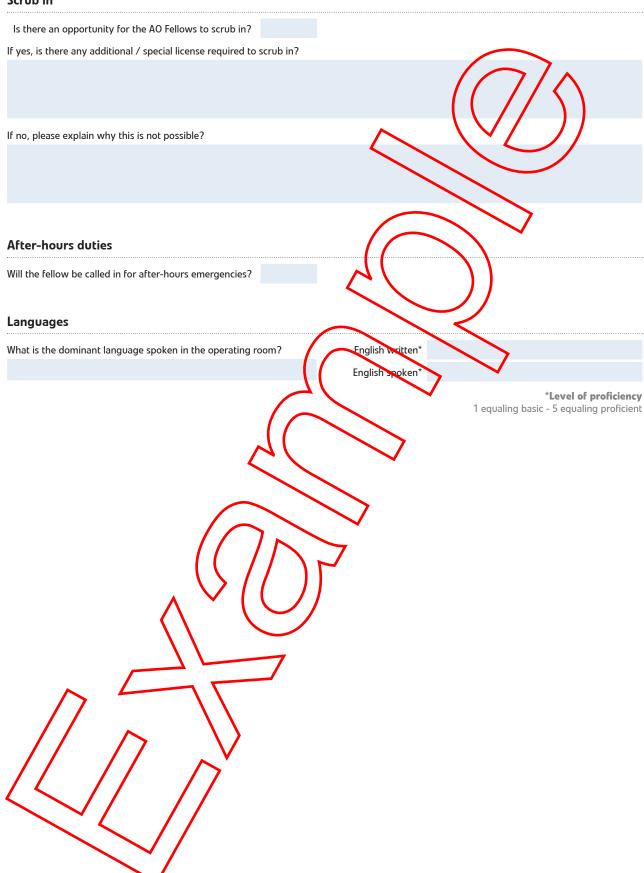


2: Department information

Department information		
Number of beds in department	How many patients visit the overpatient clinic per week?	
	$((//\langle \rangle)$	
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	Spiylal 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 nospital activities in which an interested fellow coul	ld participate	



Scrub in





3: Fellowship coordination

Surgeon in charge of fellows		
Family name	E-mail address	
First name	Telephone	
Fellowship coordination	^	
How many AO Spine Fellows can the hospital support over one year?	If yes, how many fe	ellows at a time can be supported?
Can the hospital support more than one AO Spine Fellow at a time?		
Time frame		
1. Beginning in	2. Seglaning in	
1. Ending in	2 Ending in	
Which months are unsuitable to host a fellow?		
Duration	7(>	7
Minimum duration of fellowship		Maximum duration of fellowship
Fellow requirement by the hospital		
What level of English language proficiency do you require the	ne fellow to have achieved?	* Level of proficienc 1 equaling basic - 5 equaling proficier
English written*	English spoken*	
What other information, documents, or vaccines do you require	e the fellow to provide?	
Do you charge an application processing fee?	Fee amount?	
Please give a brief explanation of this fee.		



4: Accommodations

