Host center application form

1: Contact information

Host center contact information

Name of hospital

Street address

Postcode/zip code

City

Country

State/region

Telephone

Website address

Host center

Practice settings

Department

Department name

Head of trauma department/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 Trauma faculty members

Number of AO Trauma faculty members

AO Trauma faculty members
### Department information

<table>
<thead>
<tr>
<th>Number of beds in department</th>
<th>How many orthopedic trauma patients visit the outpatient clinic per week?</th>
</tr>
</thead>
</table>

### Number of cases per year

<table>
<thead>
<tr>
<th>Polytrauma cases with injury severity score greater than 15</th>
<th>Orthopedic trauma cases</th>
</tr>
</thead>
</table>

### Subspecialties available to the fellow

**Number of cases per year.**

<table>
<thead>
<tr>
<th>General trauma</th>
<th>Foot and ankle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand and wrist</td>
<td>Pelvis/acetabulum</td>
</tr>
<tr>
<td>Pediatric</td>
<td></td>
</tr>
</tbody>
</table>

### Additional subspecialties

- [ ]
- [ ]
- [ ]

### 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?

<table>
<thead>
<tr>
<th></th>
<th>English written*</th>
<th>English spoken*</th>
</tr>
</thead>
</table>

3: Fellowship coordination

Surgeon in charge of fellows

<table>
<thead>
<tr>
<th>Family name</th>
<th>E-mail address</th>
<th>Telephone</th>
</tr>
</thead>
</table>

Fellowship coordination

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

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

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

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?

<table>
<thead>
<tr>
<th></th>
<th>English written</th>
<th>English spoken</th>
</tr>
</thead>
</table>

*Level of proficiency
1 equaling basic - 5 equaling proficient

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.
### Accommodation

<table>
<thead>
<tr>
<th>Does the hospital have on-site accommodation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, what is the approximate rent of the room per week?</td>
</tr>
<tr>
<td>Contact family name</td>
</tr>
<tr>
<td>Contact first name</td>
</tr>
<tr>
<td>If no, what accommodation options are available privately?</td>
</tr>
<tr>
<td>Distance to hospital</td>
</tr>
</tbody>
</table>

### Remarks

**Additional notes and remarks**