

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

2: Department information

Department information

Number of beds in department

How many orthopedic trauma patients visit the outpatient clinic per week?

Number of cases per year

Polytrauma cases with injury severity score greater than 15

Orthopedic trauma cases

Subspecialties available to the fellow

Number of cases per year.

General trauma

Hand and wrist

Pediatric

Foot and ankle

Pelvis/acetabulum

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?

English written*

English spoken*

***Level of proficiency**

1 equaling basic - 5 equaling proficient

3: Fellowship coordination

Surgeon in charge of fellows

Family name

E-mail address

Telephone

First name

Fellowship coordination

How many AO Trauma 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 Trauma Fellow at a time?

Time frame

1. Beginning in

2. Beginning in

1. Ending 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