

Host center application form





2: Department information

Area of interest	
What is the area of interest of your clinic?	
Department information	
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.	
Trauma Deformity Additional subspecialties	Sports medicine
Other activities	
Other hospital activities in which an interested fellow could participate	
Scrub in	
Is there an opportunity for the AO Fellow to strub in? If yes, is there any additional / special livense required to scrub in?	
If no, please explain why this is not possible?	



After-hours duti	es			
Will the fellow be call	ed in for after-hours emergencies?			
Languages				
What is the dominant	language spoken in the operating ro	oom?	English written	
			English spoken	*Jevel/of proficiency
3: Fellowship co	ordination			equaling basic - 5 equaling proficient
Surgeon in charg	ue of fellows			
Family name	,		E-mail address	
First name			Telephone	
Fellowship coord	lination	4		
How ma	ny AO VET Fellows can the hospital	lf ·	yes, how many fe	News at a time can be supported?
Can t	support over one year? ne hospital support more than one			
	AO VET Fellow at a time?			/
Time frame				
1. Beginning in	/	1	2. Beginning in	
1. Ending in			2. Ending in	
Which months are un	suitable to host a fellow?		>	
			✓	
Duration	((/	ハア		
	Minimum duration of Tellowship			Maximum duration of fellowship
Fellow requirem	ent by the hospital			
What level of English	langu age proficie ncy do you requi	ire the fellow to hav	e achieved?	* Level of proficiency 1 equaling basic - 5 equaling proficient
English vinten*			English spoken*	
What other information	on, documents, or vaccines do you re	equire the fellow to p	rovide?	
	\nearrow			
Da yay aha	go an application reference for 3		Fee amount?	
Please give a brief ex	rge an application processing fee?		ree amount?	
	\			



4: Accommodations

