



2019 ASES EXCHANGE FELLOWSHIP PROGRAM

All application forms and sponsor letters must be completed and returned to the ASES office by September 7, 2018. Applications received after that date cannot be considered.

Instructions

1. Applicant must be no more than 10 years out of their fellowship.
2. Please complete this form and return it via email along with a current photo and your CV listing of presentations and publications related to the shoulder and elbow to:
Edward G. McFarland, Chair
American Shoulder and Elbow Surgeons
9400 W. Higgins Road, Suite 500 Rosemont, IL
60018-4976
ases@aaos.org
3. Ask two sponsors (and only two) to send letters of recommendation to the above address. One sponsor must be a member of the ASES, the second sponsor must be an orthopaedic surgeon, but does not have to be an ASES member. The application, along with the sponsor letters, will then be forwarded to the members of the Exchange Fellowship Committee for review. This letter can be emailed instead of sending a hard copy, if preferred.
4. Applicants must have the signature of his/her Chief of Staff or Department Head included in the application to qualify for the exchange fellowship, which is typically four weeks in early autumn. If this is not signed the application will be incomplete.

Contact Information

Name:	<input type="text"/>		
Age:	<input type="text"/>	Birthdate:	<input type="text"/>
Place of Birth:	<input type="text"/>	Citizenship:	<input type="text"/>
Office Address 1:	<input type="text"/>		
Office Address 2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Office Phone:	<input type="text"/>	Email:	<input type="text"/>
Home Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Home Phone:	<input type="text"/>		

Names and Institutions of Sponsors

1.

2.

The applicant named above has been given permission to apply, and if selected, participate in the 2019 Exchange Fellowship between ASES and SECEC in autumn of 2019 for approximately four weeks.

(Signature of Chief or Staff/Department Head)

Education

College/University:

Graduation Date:

Medical School:

Graduation Date:

Postgraduate Education *(list residency)*

1. Name and Location:

From (mo/yr):

To (mo/yr):

2. Name and Location:

From (mo/yr):

To (mo/yr):

Additional Education or Fellowship

1. Type of Education or Fellowship:

From (mo/yr):

To (mo/yr):

Name of Director and Location:

Activity during Fellowship:

2. Type of Education or Fellowship:

From (mo/yr):

To (mo/yr):

Name of Director and Location:

Activity during Fellowship:

Military Service

Branch of Service:

From:

To:

Rank:

Location:

Duties:

Brief Chronological Review of Fellowship, Military Service, Faculty Appointments, Private Practice, Etc. *(activities following graduation from medical school to current time)*

(Name and Location)

(Month and Year)

Activity:

From:

To:

ABOS Certification

Date of ABOS Certification:

If not Board Certified, date eligible:

Member of AAOS: Yes No

Date of Fellowship:

Teaching Affiliations *(list in chronological order)*

1. Name of Center:

From:

To:

Academic Title:

Academic and Teaching Responsibilities:

2. Name of Center:

From:

To:

Academic Title:

Academic and Teaching Responsibilities:

3. Others

List Committee Appointments at Medical School/Local Hospitals:

Special Awards

List special awards you have received while in college, medical school, residency, fellowship, or following the completion of your educational program, i.e., AOA, Outstanding Resident Award, Best Teacher Award, etc.

Briefly Describe Your Future Career Plans

(If there is not enough room in this section for your response, please use additional pages.)

Publications: *(Peer Review)*

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Publications: *(Non-peer review, including chapters)*

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Other Academic activities: *(Committee work and multimedia)*

Administrative Responsibilities: *(Local, National, International with emphasis on leadership roles)*

Attendance at ASES Open Meeting/Specialty Day and/or Closed Meeting within the last 5 years: