All application forms and sponsor letters must be completed and returned to the ASES office by **October 12, 2020.** 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**

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<tr>
<th>Name:</th>
<th>Birthdate:</th>
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<td>Place of Birth:</td>
<td>Citizenship:</td>
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The applicant named above has been given permission to apply, and if selected, participate in the 2021 Exchange Fellowship between ASES and SECEC in autumn of 2021 for approximately four weeks.

(Signature of Chief or Staff/Department Head)

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**Education**

College/University: 

Graduation Date: 

Medical School: 

Graduation Date: 

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**Postgraduate Education (list residency)**

1. Name and Location: 

   From (mo/yr): To (mo/yr): 

2. Name and Location: 

   From (mo/yr): To (mo/yr): 

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### Additional Education or Fellowship

1. **Type of Education or Fellowship:**
   - Name of Director and Location:
   - Activity during Fellowship:

2. **Type of Education or Fellowship:**
   - Name of Director and Location:
   - Activity during Fellowship:

### Military Service

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

<table>
<thead>
<tr>
<th>(Name and Location)</th>
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<td>Activity:</td>
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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)

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