



ASES/SECEC Exchange Fellowship Program Application

Deadline:

All application forms and sponsor letters must be completed and returned to the ASES office by November 30, 2024. Applications received after this date will not be considered.

Eligibility

1. Applicants must be no more than 10 years out of their fellowship.
2. Priority will be given to those that have not previously participated in a traveling fellowship.

Submission Instructions

1. Complete the Application Form:
 - Fill out this form.
 - Attach a current photo.
 - Include your CV with a listing of presentations and publications related to the shoulder and elbow. Ensure all publications, speaking engagements, etc., are included as requested on the application form. Do not simply refer to your CV. Bold your name on all CV entries to indicate if you were the first author.
2. Submission Method:
 - Email the completed form, photo, and CV to:
Uma Srikumaran, MD, Chair
info@ases-assn.org
3. Sponsor Letters:
 - Obtain two letters of recommendation.
 - One sponsor must be a member of ASES.
 - The second sponsor must be an orthopaedic surgeon but does not have to be an ASES member.
 - Sponsors can email their letters to the address above.
4. Chief of Staff/Department Head Signature:
 - Ensure your application includes the signature of your Chief of Staff or Department Head. This signature is required for your application to be considered completed.

Additional Notes:

- The exchange fellowship typically takes place for four weeks in September/October.
- Incomplete applications will not be reviewed.

For any further questions or assistance, please contact the ASES office at info@ases-assn.org.

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

-
-

The applicant named above has been given permission to apply, and if selected, participate in the 2025 Exchange Fellowship between ASES and SECEC in Autumn of 2025 for approximately four weeks.

(Signature of Chief of Staff or Department Head)

Education

College/University:	<input type="text"/>	Graduation Date:	<input type="text"/>
Medical School:	<input type="text"/>	Graduation Date:	<input type="text"/>

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 **Yes**
AAOS: **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:

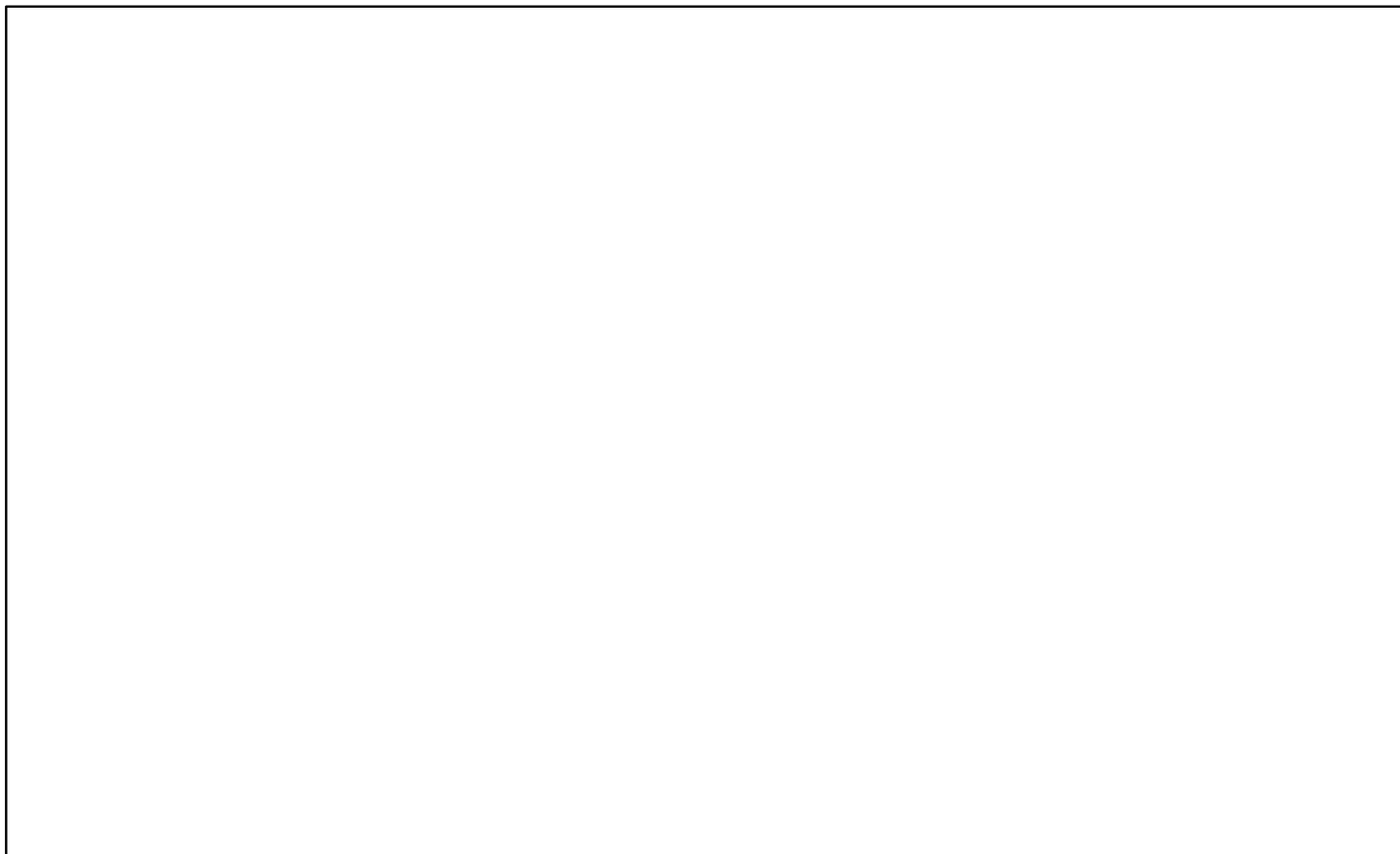
Special Awards

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)*

A large, empty rectangular box with a thin black border, intended for listing peer-reviewed publications.

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

A large, empty rectangular box with a thin black border, intended for listing non-peer-reviewed publications, including book 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 Meetings within the last 5 years: