Photograph

Application date: _____

APPLICATION FORM FOR THE

ESSKA - DJO FELLOWSHIP

with:

AOSSM ☐ **APOA ☐**

Name: _____ **First Name:** _____

Date of birth: _____ **Place of birth:** _____

Citizenship: _____

Office address: _____

_____

Zip code: _____ **City:** _____ **Country:** _____

Phone:_____ **Fax:** _____

E-Mail:_____

Home address: _____

_____

Zip code: _____ **City:** _____ **Country:** _____

Phone:_____ **Fax:** _____

E-Mail:_____

CURRICULUM VITAE

Graduate University:_____ **Date:** _____

Post –Graduate education (speciality, location, date):

1) _____

_____

2) _____

_____

3) _____

_____

4) _____

_____

5) _____

Academic title(s): _____

_____

Special awards:

_____

_____

_____

_____

_____

Present occupation: _____

_____

Are you a member of ESSKA: **YES** ☐ **NO:** ☐

Name and address of 2 sponsors:

1) _____

_____

2) _____

_____

Clinical research:

_____

_____

_____

_____

Basic research:

_____

_____

_____

_____

Titles of 3 lectures that you can present during the fellowship tour (approx. 20 min.):

1) _____

_____

2) _____

_____

3) _____

_____

Date: **Signature:**

_____ _____

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INSTRUCTIONS:

1. Applicants must hold a specialist certification issued by their national authorities.
2. Applicants must be under 40 years of age at the time of the application.
3. A passport photograph must be attached to the application.
4. Applicants must speak English fluently.
5. Applicants must hold citizenship of any European Country.
6. Applications must be received until **October 1st 2010** at the address mentioned beneath.
7. Attach 2 letters of recommendation from 2 different sponsors to the present application: One should be the orthopaedist/trauma surgeon with whom you have done the majority of your residency or fellowship. The other should be an orthopaedist/trauma surgeon who is familiar with the applicant's work in the last 3 years.
8. DOCUMENTS TO PROVIDE:
   - List of all scientific presentations you have personally given at meetings during the last 3 years
   - List of all videotapes you have produced or co-produced
   - List of all poster presentations for which you have been an author or co-author during the last 3 years
   - List of all the papers you have published (except abstracts)
   - List of all the textbooks, or chapters in textbooks, you have written or edited (title, authors, publisher, year)
   - List of all manuscripts you have submitted for publication (title, date and journal)
   - Description of your current clinical and basic research (national and international:
9. Send your application and all further correspondence to:

ESSKA Executive Office Luxembourg
Centre Médical – Clinique d'Eich
c/o Ms. Sandy Kirsch
76, rue d'Eich
L-1460 Luxembourg

E-mail: kirsch.sandy@chl.lu