

Asia-Pacific Orthopaedic Society For Sports Medicine
2010 Travelling Fellowship Application

Attach Photo
Here

Instructions:

1. Applicant must be:
 - ◆ An orthopaedic surgeon currently practicing in **China, Hong Kong, Japan, Korea, Malaysia or Singapore**
 - ◆ Under 45 years old
 - ◆ Speak English fluently
 - ◆ An APOSSM member or has done a sports medicine fellowship. Individuals currently in a sports medicine fellowship should not apply.
 - ◆ Able to participate in **the WHOLE trip**
2. Attach recent photograph – passport size to each application.
3. A high resolution copy of your passport (valid until July 2010)
4. Complete the application form and return to Miss Bell Chung (Coordinator, 2010 Traveling Fellowship Program) at APOSSM, Rm 74209, 5/F., Clinical Sciences Building, Prince of Wales Hospital, Shatin, New Territories, Hong Kong.
5. Two letters of recommendation: One should be the orthopaedics surgeon with whom you have done the majority of your residency or fellowship. The other should be an orthopaedics surgeon who is familiar with the applicant's work in the last 3 years. It is the applicant's responsibility to make sure all forms and letters are received in the APOSSM office by the deadline. Be assured that the APOSSM office will contact you as soon as any of your letters arrive in the office, but it is solely the applicant's responsibility to stay in touch with your sponsors and make sure their letters arrive before the deadline.
6. ****All applications and letters of recommendation must be completed and received in the APOSSM office by November 1, 2009.** Incomplete applications or those received after the deadline will not be considered.

PLEASE TYPE:

I Name: _____

Age: _____ Date of Birth: _____

Place of Birth: _____

Current Position: _____

Current Hospital/Institution: _____

Address: _____

City/State/Zip: _____

Office Phone: _____ Office Fax: _____

Cell Phone: _____

Email: _____

II Names and address of two certified orthopaedic surgeons who will support this application:

1. Name: _____

Address: _____

2. Name: _____

Address: _____

III Graduate of _____

Date Graduated: _____ Degree Earned: _____

IV Graduate of _____

Date Graduated: _____ Degree Earned: _____

V Post Graduate Education (name, location, month, year)

1st Year: _____

2nd Year: _____

3rd Year: _____

4th Year: _____

5th Year: _____

VI Additional Education or Fellowship

1. Type of Education or Fellowship: _____

Director: _____ From: _____ To: _____

Location: _____

2. Type of Education or Fellowship: _____

Director: _____ From: _____ To: _____

Location: _____

VIII Professional Activities since completion of residency or fellowship (faculty appointments, private practice, full or part time academic practice, etc.) (name, location, month, year.)

1. Activity: _____

2. Activity: _____

3. Activity: _____

4. Activity: _____

IX Special Awards and Honors. (List special awards you have received from college on)

X What type of practice do you engage in or aspire to.

Academic: _____
Community: _____
Administrative: _____
Research: _____
Other: _____

XI Please indicate your team coverage (name of team/years of coverage)

XII Complete your **Curriculum Vitae** on a separate attachment according to the following format.

- a. Name of applicant.
- b. List of international and local professional medical organization to which you belong.
- c. List the committee appointments, which you received in the above medical organizations.
- d. List the articles that you have published. List the name of the article, journal name, authors, page numbers and the date published. Please underline you name and capitalize the name of the journal.
- e. List the textbooks or chapters in textbooks, which you have written or edited. Identify title, publisher and year.
- f. List the manuscripts, which have been submitted for publication, identify the article and the journal. Give date of submission.
- g. List the research grants which you have received and the source. List all of the authors in their proper sequence and the amount of each grant.
- h. Describe clinical and basic research work, which is now in progress.
- i. List all the movies, sound slide programs, exhibits, audiotapes and videotapes that you have developed or co-developed. You should also list the scientific meetings where each has been presented.
- j. List scientific presentations, which you have made to international meetings (include title of paper, organization, location, and date).

Signature of Applicant: _____ Date: _____