

CALL FOR 2014 APSS (Spine Section of the APOA) TRAVELLING AND CLINICAL FELLOWSHIPS

APSS Depuy Synthes Spine Travelling Fellowships 2014

Eight (8) fellowships will be awarded. The fellows will be divided into 2 groups. Each group will visit spine centers of excellence in 3 countries in the Asia Pacific Region.

The duration of the Fellowship will be 3 weeks, commencing on 26th Oct 2014 to 15th November 2014.

APSS DepuySynthes Spine Clinical Fellowship 2014

Four (4) fellowships will be awarded. Each fellow will spend **3 weeks** in a spine centre of excellence in the Asia Pacific Region, commencing on **26th Oct 2014 to 15th November 2014.**

This is a unique opportunity to interact with and learn from renowned spine surgeons in the Asia Pacific region.

Guidelines and Criteria for Application:

- APSS member (previously known as "a member of Spine Section of the APOA"). Please
 complete the APOA membership + Spine Section membership application form and
 if you are not a member yet.
- Age 45 years or less.
- Must communicate effectively in English and have a legal status to go abroad.
- Have a university level of degree or country equivalent.
- Applicant when submitting this application **MUST** be at this point to be active in spine practice (at least 50% workload should be on spine surgery).

When submitting your application, please include:

- 1. Brief curriculum vitae (not more than 4 pages).
 - a. Qualifications (including degree(s), institution (s) and years)
 - i. Basic Medical Degree
 - ii. Postgraduate Orthopaedic Education (e.g. FRCS Orth, MS Orth and etc.)
 - iii. Spine Fellowship/ Attachment(s) date and duration
 - b. Present appointment(s)
 - c. Publication/ Oral presentation/ Poster and etc.
 - d. Duration of experience in spine surgery
- 2. Scanned copies of certificates and qualifications.
- 3. Recommended letter from 2 referees (APSS members).
- 4. Scanned passport size photograph in JPEG file.
- 5. Scanned copy of passport with at least 6 months validity.
- 6. 1 abstract related to spine of not more than 300 words. This abstract will be used for presentation in our next APSS meeting as well as during the fellowship.

Economy air travel, hotel accommodation and daily allowance arrangements will be made by APSS secretariat. Successful applicants will be given assistance towards securing their air tickets and accommodation. The fellow is responsible for obtaining and payment of visa and visa fee respectively, as well as for their health and travel insurance. APSS will not reimburse visa fee, health and travel insurance.

The closing date for receipt of completed application form and fee is 1st July 2014.

Closing Date: 1st July 2014

APPLICATION FORM

APSS Depuy Synthes Spine Clinical Fellowship 2014

Full Name (in block letter):			
First Name	Last Name		
Gender: Female / Male		Passport-size Photograph (2' x 2')	
Passport No:	Nationality:		
Date of Birth:			
Place of Birth:	Email:		
Home Address:			
Current Position:			
Institution Address:			
Tel:	Fax:		
Basic Medical Degree: Qualification:			
Medical school/center:	Date of Gra	duation	
Postgraduate Orthopaedic Education:			
Qualification: Medical school/center:	Date of Gra	dustion	
·	Date of Gra	uuation	
Spine Training i.e. Fellowship Name of Center:	Date and D	uration	
Published article(s) Oral Presentation		(Write the Number)	
•		(write the Number)	
How many years or months of experience in spine?			
Area of interest in spine:			
1 -			
2 -			
3 -			
I hereby declare that the information given above is true and genuine.			
Signature:	Date:		
For Non-APSS member, the application must be accompanied by an APOA + Spine Section membership application form. Website: www.apoaonline.com			

Complete and send this form along with the required documents to:

APSS SECRETARIAT

Email: admin@apoaonline.com

Closing Date: 1st July 2014

APPLICATION FORM

APSS Depuy Synthes Spine **Travelling** Fellowship 2014

Full Name (in block letter):			
First Name	Last Name		
Gender: Female / Male		Passport-size Photograph (2' x 2')	
Passport No:	Nationality:		
Date of Birth:			
Place of Birth:	Email:		
Home Address:			
Current Position:			
Institution Address:			
Tel:	Fax:		
Basic Medical Degree:			
Qualification: Medical school: Date of Graduation			
Postgraduate Orthopaedic Education: Qualification:			
Name of school:	Date of Gra	duation	
Spine Training i.e. Fellowship	n		
Name of Center:	Date and D		
Published article(s) Ural Presentation U	Poster Presentation	(Write the Number)	
How many years or months of experience in spine?			
Area of interest in spine:			
1 -			
2 -			
Please list your preferred country for the fellowship from 1 to 6 (1 being the highest priority):			
() Australia () China () India	() Japan () Koro	ea () Malaysia	
() Pakistan () Singapore () Taiwan	() Thailand () Viet	nam	
I hereby declare that the information given above is true and genuine.			
Signature:	Date:		
For Non-APSS member, the application must be accompanied by an APOA + Spine Section membership application form. Website: www.apoaonline.com			

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