German Ochoa Travelling Fellowship

Application Form

Please complete this form including your **motivation letter and CV** to education@aospine.org by **15th February, 2019.**

*By completing the form you agree to the 'Terms and Conditions' of the award*

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| --- | --- |
| Membership number |       |
| Title |       |
| First name |       |
| Family name |       |
| Institution name |       |
| Institution address |       |
| Phone |       |
| Email |       |
| First teaching experience with AOSpine (role, name of educational event, date, location) |       |
| Latest experience as event Chair with AOSpine (role, name of educational event, date, location) |       |
| Year of completion of Training for Chairpersons program |       |
| Which spine center would you like to visit (name, location)? |       |
| When would you like to do the fellowship and for how many weeks? |       |
| Who is the leading surgeon of the spine center? |       |
| Has the leading surgeon of the spine center approved the visit? | [ ]  Yes [ ]  No |

Motivation Letter

Please describe your personal contribution to and passion for surgeon education, specifically with AOSpine, and how you will benefit from the fellowship experience and through it bring even more value to AOSpine's educational activities.

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Date and location Signature