



IASA Combined Fellowship Application

Fellowship Grants are donations to institutions or professional organizations dedicated to medical education or otherwise involved in supporting the delivery of medical education for which the funding enables health care professionals to gain additional knowledge and training in a medical specialty.

Applicant Institution Information

1. Institution Name		Requester E-mail	
2. Institution mailing address		Fellowship Start Date	
		Fellowship End Date	
Charitable Organization	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Fellow Information (if known)

Name		Fellows Email	
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Fellowship Program Director/Department Chairman Information

Fellowship Program Director		Email Address	
Mailing Address		Telephone & Fax	
Department Chairman		Email Address	
Mailing Address		Telephone & Fax	

Applicant Certification and Acceptance:

I certify, on behalf of the applicant, that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with IASA's terms and conditions if a grant is awarded. I further certify that the applicant understands that any deliberate omission or the misrepresentation or falsification of any of the information contained in this application or in any other communication by the applicant to IASA may void any grant awarded to the applicant's institution, and may require the applicant's institution to refund any such grant.

Signature of Fellowship Program Director:

_____ Date: _____

Signature of Department Chairman:

_____ Date: _____

Fellowship Program Coordinator Information

Name		Email Address	
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Address:

Telephone & Fax:

Alternate Contact Information

PROVIDE THE NAME AND CONTACT INFORMATION FOR AN ALTERNATE CONTACT – This is the person IASA should contact if there is a question regarding the application and the Program Director cannot be reached (administrative assistant, etc.)

Name:

Phone:

Email:

Financial Officer Information

Name		Email Address	
Address		Telephone:	
		Fax:	

Payee Information

Check Payable to:

Amount requested:

Mailing address for check – include name of person to receive check:

Fellowship Selection Process

Please provide the following information on the fellow who has been selected

Fellow's Qualifications:

Briefly describe the fellow selection process.

Fellowship Program Overview

Number of fellowships per year	
Length of the fellowship (include dates of fellowship)	
Number of years the fellowship program has been in place	
Total number of fellows trained since program was established	
Therapeutic are of focus?	
Is this organization of a charitable or academic affiliation?	
Name of the teaching institution with which this Fellowship program is affiliated	
Are the fellowship objectives/curriculum attached to this application? (Required)	
Is the Fellowship program accredited? If so, by which accrediting body and when?	

Fellow Appointment

Provide a concise overview of the educational program, highlighting key inpatient and outpatient facilities, didactic activities, research activity, and any unique features of your program.

Fellow Education: Concisely describe opportunities for fellows to provide consultation with faculty supervision. In addition, describe fellow educational responsibilities for residents, medical students, and allied health personnel.

Educational Program for Fellows Currently in Program

Describe each of the current fellows' rotations. If there are no current fellows, describe the rotations of the most recent fellows or your planned rotations. Include in each description the main educational focus, the supervising faculty, and the key facilities that contribute to fellow education. Add additional rows and pages as necessary.

Name of Fellow:	
Rotation 1	
Rotation 2	
Rotation 3	
Rotation 4	

Fellow Scholarly Activity

Describe the time free of clinical duties that is provided for fellow participation in clinical or laboratory work.

Articles: List the articles authored or co-authored by fellows in your program that have been published in referred journals during the last three years. (Note: The fellow must have been in your program while doing the research, but not necessarily when the article was published).

Other Learning Opportunities

Describe the program conference schedule, including the levels of teaching staff participation and fellow attendance. Include a list of the program conferences that were held last year.

List the local, regional, and national meetings attended by fellows during the last 12 months.

Fellow/Faculty Evaluation

Concisely summarize the manner in which fellows are evaluated (including how feedback is provided to promote improvement in fellow performance).

Provide a frank assessment of (a) program strengths, (b) program needs, and (c) plans to address those needs in the future.

Fellowship Program Faculty

List each faculty member associated with this fellowship. Describe their qualifications and role in the program. Please limit response to one paragraph per faculty member.

Include a two-page Biographical Sketch for all faculty. This may not exceed two pages for each person. Be sure to include experience relevant to the program. Please include the following information: Name, position/title, education/training, degrees, year(s), field(s) of study, professional experience.

Budget Information

Type of Funding Requested

(IASA will administer all funding for the external component of the fellowship)

_____ 5 month in country

_____ 1 month External

Have you applied for funding for this Fellowship from other funding sources?

_____ Yes _____ No

If yes, please state source.

If yes, have you received funding for this fellowship?

_____ Yes _____ No

Submission Process

Applicants should mail completed application packages to:

Attn: Indo-American Spine Alliance
Valley Forge Business Center
2560 General Armistead Avenue
Audubon, PA 19403

Please include with your application: a copy of fellowship objectives/curriculum and the CV's of relevant teaching faculty.

- The process time may be lengthy. It is anticipated that there should be up to 8 weeks allowed to process applications.
- Applicants will be notified via mail as to IASA's regarding their application.
- Submission of this form does not guarantee distribution of funds.

Questions: Please contact Globus Medical Surgeon Relations.

Nazie Dana
Director, IASA
Ndana@indo-americanspine.org
FAX: 610-771-4880

Requestor Signature

Date