



Fellowship Application – Traveling

Surgeon information

1. First name _____ Last name _____
2. Date of Birth _____
3. Name of Hospital or Practice _____
4. Specialty ___ Neurosurgery ___ Orthopedics; Type ___ Private ___ Public ___ Academic
5. Phone _____ Email _____
6. Address _____

Type of fellowship desired

___ General Spine ___ MIS ___ Deformity ___ Pediatric Spine ___ Oncology

Qualifications

1. Academic – List all institutions attended, programs completed, and degrees attained

2. Years in practice (spine – more than 8 surgeries/month) ___ Number of spine procedures/year ___ <20 ___ >100.

Please indicate the name and address of your practice _____

My practice is ___ academic ___ non-academic.

Please attach your log book:

- a. For applicants in training: Submit (only spine related) log of cases done in the past 6 months
- b. For applicants currently in practice: Submit (only spine related) log of cases in the last 12 months.

Kindly protect patient privacy and refrain from disclosing personal details.

3. List previous Fellowships in Spine surgery. *Please submit certificates for each.*

Duration	Institution	Mentor	Funded	Stipend.	Honor.

4. Publications – Please give full details, including DOI/PMID numbers. All publications must be listed in sequence starting from the most recent. Please list the authors in sequence. Refrain from using abbreviations.

A. Article _____

Author (please check): ___ First ___ Second ___ Corresponding ___ Senior

Peer reviewed? Yes No

Web link/DOI _____

B. Article _____

Author (please check): ___ First ___ Second ___ Corresponding ___ Senior

Peer reviewed? Yes No

Web link/DOI _____

C. Article _____

Author (please check): ___ First ___ Second ___ Corresponding ___ Senior

Peer reviewed? Yes No

Web link/DOI _____

D. Article _____

Author (please check): ___ First ___ Second ___ Corresponding ___ Senior

Peer reviewed? Yes No

Web link/DOI _____

5. Presentations – Please list location, date, and society affiliation for each.

A. Podium

Regional _____

National _____

International _____

B. Poster

Regional _____

National _____

International _____

6 Awards (National/International) _____

7. Grants (Purpose/Status) _____

8. Languages spoken _____

Professional References

Include the name of three peers who can attest to your current professional competence during the past 2 years. The individual must be from the same specialty area, and must have had recent exposure to your clinical practice. Please DO NOT include current practice associates, partners, or relatives.

1. Reference name & title _____

Specialty _____ Phone number _____

2. Reference name & title _____

Specialty _____ Phone number _____

3. Reference name & title _____

Specialty _____ Phone number _____

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Application does not guarantee placement. All applications will be reviewed and voted by IASA Fellowship Committee, and results will be communicated 6-8 weeks following the end of each cycle. Incomplete applications will not be reviewed. Please follow the rules carefully.

Each document should be scanned (not photographed) and saved as one pdf, for a total of six documents:

1. Signed Letter of Intent – one pdf
2. Complete application. Make sure it is legible – one pdf
3. Most recent CV – one pdf
4. Log book (see #2, Qualifications) – one pdf
5. Certificates (see #3, Qualifications) – one pdf
6. Two Letters of Recommendation, printed on letterhead, dated, signed, and stamped by the author. The recommendations should be from surgeons who mentored you during your Ortho or Neuro residency or Spine fellowship – one pdf

The above scanned pdfs should be submitted to Nazie Dana, IASA Program Director at ndana@indo-americanspine.org Questions? Feel free to contact me at the above email address