



## 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. Note indexed journals with asterisk.

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 \_\_\_\_\_

\* \* \* \* \*

*Submission of Application does not guarantee placement.* All applications will be reviewed and scored 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. Please name LOI
2. Complete application. Make sure it is legible – one pdf. Please name APP
3. Most recent CV – one pdf. Please name CV
4. Log book (see #2, Qualifications) – one pdf. Please name LOG
5. Certificates (see #3, Qualifications) – one pdf. Please name CERT
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. Please name LOR

The above scanned pdfs should be submitted to Nazie Dana, IASA Managing Director at [ndana@indo-americanspine.org](mailto:ndana@indo-americanspine.org) Questions? Feel free to contact me at the above email address