

AO ASIF Orthopaedic Faculty Application

NAME/OFFICE ADDRESS

Last _____ First _____ Middle
Initial _____ Degree _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____
Telephone (_____) _____ Fax (_____) _____ E-mail _____

HOME ADDRESS

Street _____ Apt. # _____
City _____ State _____ Zip Code _____
Telephone (_____) _____ Fax (_____) _____
Date of Birth _____ Citizenship _____
University Affiliation _____
Title _____

HOSPITAL AFFILIATIONS

1. _____
2. _____
3. _____
4. _____

EDUCATION

DEGREE AND DATE GRADUATED

Undergraduate _____	_____
Medical School _____	_____
Internship _____	_____
Residency Training _____	_____
Fellowship Training _____	_____

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AO FELLOWSHIPS COMPLETED—PLEASE INDICATE DATES AND LOCATIONS:

AOI Fellowship _____

Trauma Fellowship _____

AO ASIF COURSES ATTENDED

Course Type	Date	Location
Basic	_____	_____
Advanced	_____	_____
Spine	_____	_____
Maxillofacial	_____	_____
Pelvic	_____	_____
Foot and Ankle	_____	_____
Other	_____	_____

Approximate number of surgical fracture cases per month _____

PRACTICE PROFILE *(Please assign a percentage to each category.)*

Trauma/Fractures _____

Adult Reconstruction _____

Sports Medicine _____

Spine Surgery _____

Upper Extremity _____

Pediatric Orthopaedics _____

Other _____

TEACHING EXPERIENCE

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LECTURING LANGUAGES

	Fluent	Only with Manuscript
English	_____	_____
French	_____	_____
Spanish	_____	_____
German	_____	_____
Italian	_____	_____
Other	_____	_____

LECTURING TOPICS/PREFERENCE *(Please note the degree of preference for lecture topics.)*

	EXPERIENCE		
	NONE	LITTLE	HIGH
Absolute stability	_____	_____	_____
Anatomy/Surgical Approaches	_____	_____	_____
Biology/Biomechanics	_____	_____	_____
Bone Healing	_____	_____	_____
Patient Assessment	_____	_____	_____
Soft Tissue Injury Management	_____	_____	_____
Fracture Classification	_____	_____	_____
Operative Fracture Care	_____	_____	_____
Lag Screw Technique	_____	_____	_____
Plate Design and Function	_____	_____	_____
Screw Design and Function	_____	_____	_____
Dynamic Plating Principles	_____	_____	_____
Indications for Plating Femur	_____	_____	_____
Indications for Plating Tibia	_____	_____	_____
Small Fragment Principles	_____	_____	_____
Plating Forearm	_____	_____	_____
Tension Band Wiring	_____	_____	_____
Malleolar Fractures	_____	_____	_____
Articular Fractures	_____	_____	_____
Fracture of Distal Femur	_____	_____	_____

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LECTURING TOPICS/PREFERENCE

	EXPERIENCE		
	NONE	LITTLE	HIGH
Diasphyseal Fractures	_____	_____	_____
Fractures of Proximal Femur	_____	_____	_____
Preoperative Planning	_____	_____	_____
Relative Stability	_____	_____	_____
Intramedullary Fixation	_____	_____	_____
External Fixation Tibia	_____	_____	_____
Pelvic Fractures	_____	_____	_____
Acetabular Fractures	_____	_____	_____
Malunions	_____	_____	_____
Nonunions	_____	_____	_____
Infection	_____	_____	_____
Segmental Bone Loss	_____	_____	_____
Bone Transport	_____	_____	_____
Multiple Trauma	_____	_____	_____
Upper Extremity	_____	_____	_____
Intra-Articular Fractures Humerus	_____	_____	_____
Intra-Articular Fractures Femur	_____	_____	_____
Lower Extremity	_____	_____	_____
Complex Tibial Fractures	_____	_____	_____
Indirect Reduction Techniques	_____	_____	_____
Ankle and Foot Reconstruction	_____	_____	_____
Open Fractures/Bone Grafting	_____	_____	_____
Other (Please list)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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PLEASE RELATE ANY SPECIAL QUALIFICATIONS OR INTERESTS

PLEASE ATTACH: A current curriculum vitae and two letters of recommendation, one from fellowship director, and one from a senior AO ASIF faculty member.

If you have any questions, please contact the AO ASIF Continuing Education Office at 1-800-769-1391, ext. 7358.

After completing, please mail to:

AO ASIF Continuing Education Office
1690 Russell Road
P.O. Box 1766
Paoli, PA 19301-0800

