

# AO ASIF Spine 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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If you have taken a Spine Fellowship, please indicate dates and locations:

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## AO ASIF COURSES ATTENDED

<b>Course Type</b>	<b>Date</b>	<b>Location</b>
Basic Orthopaedic Trauma	_____	_____
Advanced Orthopaedic Trauma	_____	_____
Spine Comprehensive (Basic)	_____	_____
Spine Interactive (Advanced)	_____	_____
Other	_____	_____

Approximate number of spine cases per month \_\_\_\_\_

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

Trauma/Fractures	_____
Adult Reconstruction	_____
Spine Surgery	_____
Pediatric Spine	_____
Other	_____

## TEACHING EXPERIENCE

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## LECTURING LANGUAGES

	<b>Fluent</b>	<b>Only with Manuscript</b>
English	_____	_____
French	_____	_____
Spanish	_____	_____
German	_____	_____
Italian	_____	_____
Other	_____	_____

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

	EXPERIENCE		
	NONE	LITTLE	HIGH
AO Principles in Spine Surgery	_____	_____	_____
Spinal Anatomy	_____	_____	_____
Fracture Care	_____	_____	_____
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	_____	_____	_____
Radiographic Assessment	_____	_____	_____
Malunions	_____	_____	_____
Nonunions	_____	_____	_____
Infection	_____	_____	_____
Multiple Trauma	_____	_____	_____
Metallurgy	_____	_____	_____
Upper Cervical Spine Trauma	_____	_____	_____
Dens Fractures	_____	_____	_____

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## LECTURING TOPICS/PREFERENCE

	EXPERIENCE		
	NONE	LITTLE	HIGH
Lower Cervical Spine Trauma	_____	_____	_____
Anterior Cervical Spine	_____	_____	_____
Posterior Cervical Spine	_____	_____	_____
Classification of Thoracolumbar Injuries	_____	_____	_____
Posterior Techniques—Thoracolumbar	_____	_____	_____
Anterior Techniques—Thoracolumbar	_____	_____	_____
Spinal Stenosis	_____	_____	_____
Decompression Techniques	_____	_____	_____
<b>FUSION TECHNIQUES:</b>			
• ALIF	_____	_____	_____
• PLIF	_____	_____	_____
• Posterior Lateral Fusion	_____	_____	_____
Degenerative Lumbar Spondylosis	_____	_____	_____
Spondylolisthesis	_____	_____	_____
Kyphosis	_____	_____	_____
Rheumatoid Diseases	_____	_____	_____
Non-Degenerative Spine Disease	_____	_____	_____
Ankylosing Spondylitis	_____	_____	_____
Metastatic Disease	_____	_____	_____
Osteoporosis	_____	_____	_____
Metabolic Diseases	_____	_____	_____
Spinal Deformity	_____	_____	_____
Sagittal Plane Deformity	_____	_____	_____
Flat Back Syndrome	_____	_____	_____
Scoliosis Degenerative	_____	_____	_____
Scoliosis Idiopathic	_____	_____	_____
Other ( <i>Please list</i> ) _____	_____	_____	_____

## AO ASIF Spine Faculty Application

PLEASE RELATE ANY SPECIAL QUALIFICATIONS OR INTERESTS

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PLEASE ATTACH: A current curriculum vitae and two letters of recommendation; one must be from an operating room personnel course chairman where the applicant has been a member of the faculty.

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

