



Orthofix Fellowship Application

Center Name:	
Street Address:	
City/State/Zip:	
Fellowship Director's Name*:	
E-Mail Address:	
Phone Number:	

*Please provide a copy of the Fellowship Director's current Curriculum Vitae.

1. Please provide (or attach separately) a description of the Center:

2. Please provide (or attach separately) a description of the Fellowship Program:

3. Is the Fellowship Program accredited? Yes* No
**If yes, please provide a copy of such accreditation.*

4. Term of the Fellowship: From _____ To _____

5. Please describe (or attach separately) the Fellowship curriculum:

6. Please describe how the funds will be used:

7. Does the Fellowship have an academic or charitable affiliation? Yes* No

**If yes, to where:*

8. Please describe the Fellow's involvement in the patient selection, trial, implant and patient management process:

9. Program History – Please list the number and specialty of Fellows enrolled in the Fellowship Program:

Year Program Originated:

Year	Orthopedic Surgery	Orthopedic Surgery (Foot and Ankle)	Orthopedic Surgery (Spine)	Orthopedic Surgery (Trauma)	Pediatrics (Orthopedic Surgery)	Podiatry (Foot & Ankle Surgery)	Surgery (Neurological)
2010							
2011							
2012							
2013							
2014							
2015							
2016							
2017							
2018							
2019							
2020							
2021							
2022							

10. Please describe the Fellowship Director's qualifications (e.g., Board Certification, etc.)

11. Center/Faculty Research and Publications. Please list (or attach) institution/faculty publications drafted within the past twenty-four months.

12. Please list (or attach) a list of current or planned orthopedic and spine research projects.

13. Please list (or attach) any additional information regarding the Fellowship Program that is not outlined above.

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Statement of Understanding

I understand that:

The support for the Orthopedic Fellowship will be limited to \$_____ per academic year. It will go toward supporting the fellow salary of \$_____.

Selected fellow is a graduate of a US-accredited medical school and residency program in _____ . Fellowships are not awarded as an inducement or as a reward for using Orthofix products.

By checking this box, I acknowledge agreement with the Statement of Understanding.

Signature:

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Date:

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Printed Name:

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Title:

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Once completed, please forward a copy of this form, along with a copy of the Fellowship Director's CV and any other attachments, to grants@orthofix.com.