**APPLICATION FOR APPOS-POSNA TRAVELING FELLOWSHIP 2020**

**Schedule**

May 4 (Mon) Arrive in San Francisco, California

May 5 (Tue) Visit Stanford University

May 6 (Wed) Visit Stanford University – travel to Los Angeles

May 7 (Thu) Visit Children’s Hospital, Los Angeles

May 8 (Fri) Visit Children’s Hospital, Los Angeles

May 9 (Sat) Travel to San Diego (either by Air or by AMTRAK)

May 10 (Sun) Visit Rady Children’s Hospital, San Diego

May 11 (Mon) Visit Rady Children’s Hospital, San Diego

May 12 (Tue) Visit Rady Children’s Hospital, San Diego – Move to Hilton Bayfront

May 13 – 16 Attend annual meeting of POSNA

May 16 (Sat) Afternoon/evening Depart for home

**Supports provided**

The following expenses should be covered by the applicant’s national (pediatric) orthopaedic society:

* + - * Airfare from home country to San Francisco and from San Diego to home country
      * Intercity transportation in the USA/Canada

The followings will be provided by POSNA:

* + - * Ground transportation within the cities
      * Accommodation during the fellowship program and POSNA meeting
      * Registration for POSNA meeting
      * Hospitality during the fellowship program

# **Eligibility**

* Active member of APPOS *(You can join via* [*https://www.apoaonline.com/*](https://www.apoaonline.com/) *)*
* Specialized in pediatric orthopaedics, having fellowship training after orthopaedic residency or equivalent
* Aged 45 years or less (born after February 9, 1975)
* Endorsed by the national (pediatric) orthopaedic society

## Personal Information

Name:

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date:

Citizenship:

Department:

Institute:

Address Street:

City: State & Zip Code: Country:

Phone Office : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (including country code)

Mobile: (including country code)

E-mail:

## Endorsing National Society

## Name of Society:

## Name of President:

## *(National general orthopaedic society may endorse an applicant if the country does not have pediatric orthopaedic society.)*

I am well aware of the schedule of the fellowship program, and am an eligible for this program. I will attend the whole traveling fellowship program including POSNA meeting. I obtained endorsement from my national (pediatric) orthopaedic society for this application.

All the information in this document is true and correct.

Date:

Name:   *(Signature)*

## INSTRUCTIONS *Important!*

This application form should be **sent by the endorsing national (pediatric) orthopaedic society** to Prof. Tae-Joon Cho, Chairman, APPOS-POSNA Traveling Fellowship Committee at **tjcho.pos@gmail.com** by **February 9, 2020** along with **the following files**.

1. **Endorsement letter** by the endorsing national (pediatric) orthopaedic society
2. **Headshot photograph** of applicant in JPG format
3. **Certificate of active membership of APPOS** (a capture image of APOA website > Member profile showing subspecialty section)
4. **Curriculum vitae** including educational background of medical school, orthopaedic residency or equivalent, pediatric orthopaedic training, current institutional affiliation along with teaching experience, publication of scientific article and/or books, awards, and future carrier plan.

Incomplete applications or those received after this date will not be considered.