

# Hip Multicenter Visiting Fellowship - Application Form

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## 1. Personal Information (Mandatory)

- Name Surname:
- Date of birth:
- Citizenship:
- Country of license to practice as a physician:
- Country of license to practice as a specialist (if applicable):

## 2. Motivation (Mandatory)

Please explain why you are applying for this fellowship program:

## 3. Education and Training (Mandatory)

- Year of graduation as a medical doctor:
- University where basic training was completed:
- University/Hospital where specialisation in orthopaedics was performed:
- Formal research training and degrees:
- Clinical fellowships undertaken:
- Research fellowships undertaken:

## 4. Scientific Publications

List of scientific publications:

## 5. Book Chapters

List of book chapters authored or co-authored:

## 6. Attachments (Mandatory)

- Copy of the MD license
- Copy of the orthopedic specialist license OR residency registration certificate
- Two (2) recent letters of recommendation (issued within the last 12 months)