



2019-2020 OTA-SOMOS Military Traveling Fellowship

Applications Open: 1 June 2019

Application Deadline: 31 July 2019

Fellowships will be offered to both early career and established military surgeons.

Eligibility Requirements:

- ❖ Graduated approved orthopaedic training in or before 2019
- ❖ Must be qualified to practice orthopaedic surgery in the United States
- ❖ Must be an active duty military orthopaedic surgeon
- ❖ Must be a member of the OTA and/or SOMOS

Fellowship applicants must be able to travel up to 4 weeks throughout 2020. Arrangements for fellowship locations and dates will be coordinated between each fellowship individual and the host sites they will be visiting. Fellows will have travel and housing arrangements covered by each host institution, but the fellows will be responsible for additional expenses, i.e. meals, etc.

Instructions:

- ❖ Complete this application and e-mail it to amcdonough@datatrace.com with “OTA-SOMOS Military Fellowship” as the subject header.
- ❖ Attachments: A recent digital photo (optional); CV (format not specified)
- ❖ A minimum of two sponsors must send letters of recommendation to the selection committee on your behalf. One sponsor should be from a member of the OTA and the second letter should be from a member of SOMOS. A letter of recommendation from your chairman or consultant/specialty leader is also required and can serve as the OTA or SOMOS sponsor if appropriate.

Letters of recommendation should be sent to:

SOMOS
Attn: Audrey McDonough-Cameron
110 West Road, Suite 227
Towson, MD 21204

Or sent via email to amcdonough@datatrace.com.

For more information regarding this program please contact:

Daniel J. Stinner, MD
OTA Military Committee Chair
SOMOS Education Committee Chair
E-mail: daniel.stinner@gmail.com

Applicant Information

Last Name:

First Name:

MI:

DOB:

SOMOS Member (yes/no):

Membership Category:

OTA Member (yes/no):

Membership Category:

Current Institution:

Title:

Preferred E-mail Address:

Alternate E-Mail Address:

Preferred Phone:

Alternate Phone:

Administrative Assistant Name:

Administrative Assistant Email:

Administrative Assistant Phone:

Names and Addresses of Sponsors

Sponsor 1 Last Name: First Name: Title:

OTA Member (yes/no): SOMOS Member (yes/no):

Institution:

Office Address:

City: State: Zip:

Phone: E-mail: Alternate E-mail:

Sponsor 2 Last Name: First Name: Title:

OTA Member (yes/no): SOMOS Member (yes/no):

Institution:

Office Address:

City: State: Zip:

Phone:

E-mail:

Alternate E-mail:

Sponsor 3 Last Name:

First Name:

Title:

OTA Member (yes/no):

SOMOS Member (yes/no):

Institution:

Office Address:

City:

State:

Zip:

Phone:

E-mail:

Alternate E-mail:

Additional Information

Describe your areas of special interest in orthopaedics (research, clinical interests, etc.) (250 word limit)

Briefly describe your future career plans and goals? (250 word limit)

Please provide a personal statement describing how your military medical career will benefit through participation in this fellowship. (250 word limit)

(Optional) What sets you apart from other potential applicants for this traveling fellowship that has not been covered elsewhere in your application? (250 word limit)