



## **SAN DIEGO SPINE FELLOWSHIP PROGRAM**

6190 Cornerstone Ct; Suite 212, San Diego, CA, USA

P: (858) 246-6305 F: (833) 660-7845

[fellowship@sandiegospinefoundation.org](mailto:fellowship@sandiegospinefoundation.org)

## **Application for Research and International Fellowship and Observership**

Submit application, CV and letters of recommendation to: [fellowship@sandiegospinefoundation.org](mailto:fellowship@sandiegospinefoundation.org)

*(Please refer to Criteria for Research and International Fellow/Observer on page 4. Submission of application asserts your agreement with stated criteria)*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Name of current institution and mailing address (please include city and country):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current position/title: \_\_\_\_\_

Mobile phone #: \_\_\_\_\_

Office telephone #: \_\_\_\_\_

Primary email address: \_\_\_\_\_

### **TYPE OF POSITION REQUESTED (See descriptions at the end of this application)**

RESEARCH FELLOW  INTERNATIONAL VISITING FELLOW

CLINICAL OBSERVERSHIP

### **RESEARCH PARTICIPATION**

Are you interested in participating in a research project?  Yes  No  Undecided

***[Please note: You must participate in our Fellowship program for a minimum of six (6) months in order to be considered for a research project.]***



## **VACCINATION / IMMUNIZATION RECORDS**

You are required to provide a copy of your current vaccination / immunization records. ***If your records are not available, you may be denied access to one or more hospitals during your Fellowship.***

- I do have a copy of my current vaccination / immunization records
- I do not have a copy of my current vaccination / immunization records

## **REQUESTED DATES OF FELLOWSHIP (Please see requirements below)**

### ***First Preference:***

Desired start date (month/date/year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Desired date of completion (month/date/year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### ***Second Preference (required):***

Desired start date (month/date/year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Desired date of completion (month/date/year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## **AREAS OF INTEREST** (select all that apply)

- Degenerative spinal disorders       Adult spinal deformity
- Pediatric spinal deformity       Other: \_\_\_\_\_ (please specify)

## **REFERENCES**

**\*You must provide letters of recommendation with your application as stated below**

First and Last Name	Title	Institution

## **EDUCATION**

Degree	Year	Institution



## HONORS & AWARDS

Description	Year	Institution

## LANGUAGE PROFICIENCY (please indicate 1=excellent; 2=good; 3=fair)

Language	Reading	Writing	Speaking
<i>English</i>			

## PREVIOUS RESEARCH ACTIVITIES (publications, research positions, etc.)


## PERSONAL STATEMENT

Describe your interest in our NonClinical Fellowship program and your future professional goals (attached additional pages as needed):

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## FELLOWSHIP CRITERIA:

### (Research and Observerships)

**IMPORTANT! International fellows and visitors are required to have a Visa. Our Foundation, as a private institution, is unable to assist with Visa applications and must be obtained by the applicant.**

#### RESEARCH FELLOW

- Minimum of 6 months. Minimal salary possible, but not guaranteed. Fellow would need to be self-supported for duration of stay
- Presentation of Certificate with satisfactory completion of work
- Acknowledgement as a Research Fellow on our Foundation website and annual report
- Research fellowship – no direct patient care permitted
- Requires submission of *International Visiting Fellow and Observership Application* and CV, letter of Interest from applicant and 3 letters of recommendation, one from program director or chief of service, if possible
- Submission of immunization records and completion of all required hospital credentialing forms and courses prior to traveling to San Diego

#### INTERNATIONAL VISITING FELLOW

- Minimum of 3 months allows for participation in Research and receipt of Presentation of Certificate with satisfactory completion of fellowship
- Acknowledgement as a International Visiting Fellow on our Foundation website and annual report
- Unfunded position - must be able to self-support for duration of fellowship
- Clinical Observation only; no direct patient care permitted
- Requires submission of International Visiting Fellow and Observership Application, CV, letter of Interest from applicant and 3 letters of recommendation, one from program director or chief of service, if possible
- Submission of immunization records and completion of all required hospital credentialing forms and courses prior to traveling to San Diego

#### CLINICAL OBSERVERSHIP

- Less than 3 month observership
- A letter of attendance with satisfactory completion of observership, as needed
- Acknowledgement as a International Visiting Fellow on our Foundation website and annual report
- Unfunded position - must be able to self-support for duration of fellowship
- Clinical Observation only; no direct patient care permitted
- Submission of *International Visiting Fellow and Observership Application*, CV, letter of interest from applicant and 1-2 letters of recommendation from program director or chief of service, if possible
- Submission of immunization records and completion of all required hospital credentialing forms and courses prior to traveling to San Diego