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| **The completed application form, an electronic version of your curriculum vitae (Word or PDF are accepted) and a PDF / scanned version of a letter of support from your department chair must be submitted electronically by 11:59 PM CST on February 28, 2017 to** [**shozda@ota.org**](mailto:shozda@ota.org)**. Applicants will receive a confirmation email when the application form and supporting documents are received. All sections of the application form are required. Late applications will not be considered.**  ***Accepted applicants are strongly encouraged to submit an abstract to the***  ***2018 Orthopaedic Research Society (ORS) meeting.*** |

**Kathy Cramer Young Clinician Memorial Scholarship Award**

*Through the Kathy Cramer Young Clinician Scholarship Award,* ***OTA will sponsor two OTA members*** *for participation in the AAOS/OREF/ORS Clinical Scholar Career Development Program. In addition, OTA will also provide* ***complimentary registration to the 2017 OTA Annual Meeting****,* ***October 11-14, 2017 (Vancouver, Canada)*** *and the opportunity for an OTA research mentor assignment.*

**2017 AAOS/OREF/ORS**

**Clinician Scholar Career Development Program**

**September 21- 23, 2017 - Rosemont, IL**

**APPLICATION FORM**

***Applicant Information:***

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **Credentials:** |  |
| **OTA Member ID:** |  |
| **OTA Member Type:** |  |
| **PGY (if applicable):** |  |

|  |  |
| --- | --- |
| **Email Address:** |  |
| **Office Phone:** |  |
| **Home/Mobile Phone:** |  |

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| --- | --- |
| **Current Employer:** |  |
| **Mailing Address:** |  |
| **City/State/Zip:** |  |

|  |  |
| --- | --- |
| **Home/Permanent Address:** |  |
| **City/State/Zip:** |  |

***Education:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **City/State** | **Years Attended** | **Degree(s) Earned** |
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***Relevant Research Activity:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Title** | **Research Site** | **Begin/End Date(s)** | **Project Funding** |
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***Personal Statement:*** Provide a short statement approximately 500-words (not to exceed 3900 characters) including the following information:

* Statement of potential impact on your career / how the CSDP will enrich your professional development
* Statement of potential impact on orthopaedics

***Career Goals:*** Provide a description of your current career goals, your 5-year career goals and your 10-year career goals.

***Orthopaedic Areas of Interest (Please Check All Applicable):*** Please identify your area of orthopaedic specialty. If you have not yet established your specialty, please indicate your top three choices.

No Specialty Area

Adult Hip

Adult Knee

Adult Spine

Arthroscopy

Disability/Legal Orthopaedic

Foot and Ankle

Hand

Non-Operative Practice

Orthopaedic Oncology

Pediatric Orthopaedic

Pediatric Spine

Rehabilitation/Prosthetics/Orthotics

Shoulder and Elbow

Sports Medicine

Total Joint

Trauma

Other Area(s):

***Memberships in Orthopaedic Specialty Societies (Please Check All Applicable):***

American Association for Hand Surgery

American Association of Hip and Knee Surgeons

American Orthopaedic Foot and Ankle Society

American Orthopaedic Society for Sports Medicine

American Shoulder and Elbow Surgeons

American Society for Surgery of the Hand

American Spinal Injury Association

Arthroscopy Association of North America

Cervical Spine Research Society

Hip Society

J. Robert Gladden Orthopaedic Society

Knee Society

Limb Lengthening and Reconstruction Society

Musculoskeletal Tumor Society

North American Spine Society

Orthopaedic Rehabilitation Association

Orthopaedic Research Society

Orthopaedic Trauma Association

Pediatric Orthopaedic Society of North America

Ruth Jackson Orthopaedic Society

Scoliosis Research Society

Society of Military Orthopaedic Surgeons

**Comments:**

***2017 Clinician Scholar Career Development Program Application Certification:***

I certify that all of the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

**Name Date**