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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****. 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:** |       |

|  |  |
| --- | --- |
| **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**