THE KNEE SOCIETY THE JOHN N. INSALL TRAVELLING FELLOWSHIP

APPLICATION FORM

Please fill in:

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Insert photo above. 2 x 2" max.

ELIGIBILITY

Applicant must be able to take the tour (4 weeks) in the Fall following application deadline (e.g. <u>Deadline October 1st the year prior to travel. Travel October 1st through October 31st the following year).

Applicant must have completed either an Adult Reconstruction Knee Fellowship or Sports Medicine Fellowship.</u>

INSTRUCTIONS

- Complete the application form and return all information electronically to: <u>klenhardt@iskinstitute.com</u>
 All applications will be forwarded to the Selection Committee by <u>W. Norman Scott, M.D., ISK® Institute,</u>
 <u>210 East 64th Street, 4th Floor, New York, N.Y. 10065.</u> A recent 2"x2" photograph must be included with the application.
- 2. Ask two (2) sponsors (AND ONLY TWO) to send letters of recommendation to: <u>THE JOHN N. INSALL TRAVELLING FELLOWSHIP</u>, c/o W. Norman Scott, M.D., ISK[®] Institute 210 East 64th Street, 4th Floor, New York, N.Y. 10065. or send electronically to the address above. One sponsor should be an Orthopaedic Surgeon who is familiar with your work during your residency or fellowship, and the other should be an Orthopaedic Surgeon who is familiar with your work.
- All application forms, sponsor letters and Curriculum Vitae, following the format in Section XI, <u>MUST BE</u>
 <u>COMPLETED AND RECEIVED BY October 1st the year prior to travel</u>. Incomplete applications or those received after that date will not be considered.

I Name: Birth date: Age: Place of birth: Citizenship: Social Security #: **Institution:** Office address: City: State: Zip code: Phone: Fax: Email: Home address: Phone: City: State: Zip code: II Names and Adresses of Sponsors: 1. Name: Address: 2. Name: Address:

V	Gra	iduate of:	College/University	Date of Graduation			
7		duate of:	Medical School	Date of Graduation			
I	Pos	tgraduate Education (list residency rota	ations):				
		Name and location	Month and year				
	1 st Y	Year:	From:	To:			
	2 nd	Year:	From:	To:			
	3 rd	Year:	From:	To:			
	4 th	Year:	From:	To:			
	5 th	Year:	From:	To:			
I	Add	litional Education or Fellowship					
	1.	Type of education or fellowship:					
			From:	To:			
		Name of director and location:					
		Activity during fellowship:					
	2.	Type of education or fellowship:					
			From:	To:			
		Name of director and location:					
		Activity during fellowship:					
TII	A	Date of ABOS Certification/Elegibil	ity:				
		Date of Non-American Creditialing		ibility:			
	В	Member of AAOS: Yes \[\] No \[\]		Date of fellowship:			
			AOS: Yes 🗌 No 🔲	Date of membership:			

		•	SALL TRAVELLING FEL	<u>LOWSHIP</u>	
IX	Teach	ning Affiliations (list in chronolog Name of Center: Academic title: Academic and teaching respons	From:	То:	
	2.	Name of Center: Academic title: Academic and teaching respons	From: sibilities:	To:	
X	Briefl	y describe your future career pla	ns:		

THE JOHN N. INSALL TRAVELLING FELLOWSHIP

- XI. COMPLETE YOUR CURRICULUM VITAE ON A SEPARATE ATTACHMENT. BE SURE TO USE THE FOLLOWING COMPLETE HEADINGS (a-t) TO BEGIN EACH NEW SECTION OF YOUR CURRICULUM VITAE. IF FOR ANY SECTION THERE ARE NO CONTRIBUTIONS, THEN PLEASE, AFTER THE SECTION HEADING TYPE THE WORD "NONE".
- a. Name of applicant
- b. Special awards (List special awards <u>you</u> have received while in College, Medical School, Residency, Fellowship, or following the completion of your educational program; Outstanding Resident Award, Best Teacher Award, etc.)
- c. List of scientific presentations which you have made as an author or co-author at any <u>National and International meetings</u> (include title of paper, organization, location, and date).
- d. List of scientific presentations, which you have made as author or co-author at any regional, and local meetings (include title of paper, organization, location, and date). Start with peer reviewed abstract presentations at regional meetings.
- e. List of all the movies, sound slide programs, exhibits, audio tapes, and video tapes, which you have developed or co-developed. You should also list the scientific meetings where each has been presented.
- f. List national, regional, and local post graduate courses or meetings that you have organized or hosted.
- g. List of national, regional and local professional medical organizations or societies to which you belong.
- h. List the committee appointments that you have received in the above medical organizations.
- i. Describe any special non-medical and non-academic achievements or activities and interests which you believe are important, i.e., civic activities, Church, Boy Scouts, Chamber of Commerce, etc. It is important not to overlook this section in that this helps to give the Committee a better sense of the depth and breadth of your intent outside orthopaedic surgery.
- j. List committee appointments at medical school/local hospitals.
- k. List the research grants that you have received and the source. List all of the authors in their proper sequence and amount of each grant. List your involvement in each grant (i.e. principle investigator, associate investigator). Start with NIH funding, OREF funding and any other competitive grants. Then follow with extramural non-competitive grants including industry and intramural non-competitive grants.
- 1. List the articles you have published in peer reviewed journals. List the name of the article, journal name, authors, page numbers and the year. Please underline your name and capitalize the name of the journal.
- m. List the papers you have published in non referred journals. List the name of the article, journal name, authors, page numbers and the year. Please underline your name and capitalize the name of the journal.
- n. List of published abstracts. Start with abstracts in Orthopaedic Transactions and Orthopaedic Research Society.
- o. List of peer reviewed publications in press. List of peer reviewed publications submitted.
- p. List of non-peer reviewed publications in press. List of non-peer reviewed publications submitted.
- q. List textbooks or chapters in textbooks that you have written or edited. Identify title, publisher and the
- r. List the manuscripts that you have submitted for publication. Identify the article and the journal.
- s. Describe clinical and basic research work that is now in progress. SINCE THIS SECTION IS WEIGHTED HEAVILY, IT IS TO YOUR ADVANTAGE TO ADEQUATELY COMPLETE THIS PORTION.
- t. Write a personal, one-paragraph statement; stating why you feel you would be a good Insall Travelling Fellow representative and a "Good Will Ambassador" for **The Knee Society and The Insall Travelling Fellowship.**

Signature:	Date:	

THE JOHN N. INSALL TRAVELLING FELLOWSHIP

John Insall's legendary contributions to knee surgery were based on an academic pursuit of excellence in research and patient care. His research endeavors encompassed biomechanics, surgical techniques and vigilant postoperative patient evaluations. Inherent in his life's work was the importance of educating knee surgeons throughout the world. In recognition of Dr. Insall's contribution to both the worldwide orthopaedic community and the Knee Society, The John N. Insall Travelling Fellowship is designed to perpetuate his legacy.

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The annual group of four (4) Fellows will include the most qualified candidates as determined by the selection committee. Ordinarily, the process will lean towards selecting two North Americans, one Trans- Atlantic and one Pan-Pacific candidate. The candidates must undertake a project(s) during the 4-week course of their travels and subsequently complete a synthesis of the data in a manuscript to present at selected international meetings and publish in appropriate journals. The scope of the project will be determined by the selection committee in cooperation with the Knee Society.