

# Application for AO VET Fellowship Host Clinics

The AO VET Fellowship program is a case-based program for active AO VET veterinary surgeons. The applicant/fellow must have completed at least an AO VET Advanced Techniques Fracture Management course and they must have a strong interest in orthopaedics and musculoskeletal disorders. This program provides additional practical experience in AO VET techniques that would be encountered in a day-to-day surgical referral practice.

AO VET Fellowships are between two and twelve weeks long and take place at designated University hospitals or private clinics worldwide. The Fellow receives a budget of CHF 500 per week to help cover living expenses.

For the first fellowship, and to take full benefit of the experience, the applicant should apply directly to an institution matching his/her level of expertise. As the participating institution/practice, you would make the decision if the applicant were someone you want to accept into your program and you decide how long the program will be. Acceptance by your institution/practice is mandatory before the AO VET fellow applicant can submit the application forms and request an AO VET scholarship.

We are now creating a list of available clinics/hospitals willing to offer AO VET Fellowship opportunities. If you are willing to take AO VET Fellows in at your facilities, please return this filled-in form by email at your convenience: [fellowship@aovet.org](mailto:fellowship@aovet.org).

## Host Center

Name of clinic/hospital:  
Address:  
City:  
Country:

Telephone:  
Website address:  
Post code:

Practice settings:

Academia  
Private Clinic  
Other (Please describe)

What is the area of interest of your clinic?

Small animal      Large animal

Is there an opportunity for the AO VET Fellow to scrub in?

yes      no

If not, please explain why this is not possible:

How will the AO VET Fellow be involved in the daily work? (mark all that apply)

Observe and may be allowed to scrub in surgical procedures  
May have an active role in the treatment and management of the patients in the hospital but may not have primary case care  
May have primary patient care  
Other (Please specify)

Will the AO VET Fellow be called for out-of-hours emergencies?

yes      no

What is the dominant language spoken in the operating room?

## Fellowship coordination

AO VET Faculty Surgeon in charge of AO VET Fellows:  
AO VET Fellow Supervisor  
(person who will be in contact with the fellow on site):  
Email address:  
Telephone:

How many AO VET Fellows can the clinic support over one year?

1                2                3                4                5+

Can the clinic support more than one AO VET Fellow at the same time?      yes      no

When is a suitable time period to host an AO VET Fellow?

From: \_\_\_\_\_ To: \_\_\_\_\_

Which months are unsuitable to host an AO VET Fellow?

Period of fellowship offered (check all that apply):

- 2 weeks
- 4 weeks
- 6 weeks
- 8 weeks
- 12 weeks

### AO VET Fellow requirements by the Hospital

Level of training a candidate must have to apply (check all that apply):

- Veterinary Intern
- General Practitioner
- Surgery Resident
- Board Certified

Will the AO VET Fellow be required to present a topic of his/her choice at the host clinic?      yes      no

What level of English language proficiency do you require the fellow to have achieved?

None                Basic                Intermediate                Fluent

Do you charge an application processing fee?      yes      no

What are your vaccine requirements for guest surgeons?

### Accommodation

Is there on-site accommodation within the hospital grounds available?      yes      no

If not, what accommodation options are available privately:

### Publication of your host center on AO VET webpage

May we publish your clinic as an official AO VET Fellowship host clinic partner on our webpage?

Please note, that this could mean more potential candidates are likely to contact you for a fellowship position. The information we published will include the name of the department head, clinic address and the webpage URL.      yes      no

Place/Date: \_\_\_\_\_

Signature: \_\_\_\_\_