January 9, 2012

Dear Dr. Raveendran,

On behalf of the Asia-Pacific Orthopaedic Society for Sports Medicine (APOSSM), it is my great pleasure to announce that the 2012 Travelling Fellowship Program to AOSSM is now open for application.

This renowned program is a bi-annual scientific and cultural event, jointly organized by APOSSM and American Orthopaedic Society for Sports Medicine (AOSSM). This program provides a valuable opportunity for orthopaedic sports medicine surgeons around the world to exchange scientific information, stimulate research and develop collaboration and lifelong friendships. It also provides a stimulus for leadership by recognizing young surgeons who have made a significant contribution to sports medicine.

For this travelling fellowship, THREE fellows are selected by their corresponding sports medicine organization to join the program, and are accompanied by a reputed senior orthopaedic sports medicine specialist as the “Godparent”. This year, it is our honor to have Prof. Fukubayshi from Japan as our “Godfather”.

This team of four from APOSSM will be the ambassadors to the United States. This is a “once-in-a-life-time” experience to gain an international experience of superb standard. In the past, most travelling fellows will emerge as the leaders in their countries and regions.

During the tour, fellows will 1) participate in scientific symposia with host surgeons and give presentations; 2) view research facilities and surgical procedures; 3) attend a national sport medicine meeting in the region they are visiting and 4) participate in social and cultural activities with the local sports medicine community.
This year, the tour is scheduled to the United States. The program will begin on June 17, 2012, travel through some countries in the U.S. and end at the AOSSM Congress in Baltimore on July 15, 2012. The airfare will be covered by our sponsor DJO (within budget) and the accommodation will be covered by the host.

For interested applicants, please complete the application form attached and provide 2 letters of recommendation. Applicant must be an orthopaedic surgeon under 45 years old who are currently practicing in Malaysia, Singapore and China, and must speak English fluently. For further details, please refer to the application form.

Your completed application and letters of support must be received by the society office no later than January 31, 2012. If you have any questions, please contact Miss Pan Lam at panlam@cuhk.edu.hk or at (+852) 2144 5016.

With my very best personal regards,

Dr Patrick Yung
Secretary General of APOSSM
Asia-Pacific Orthopaedic Society For Sports Medicine
2012 Travelling Fellowship Application

Instructions:

1. Applicant must be:
   - An orthopaedic surgeon currently practicing in Malaysia, Singapore, China
   - Under 45 years old
   - Speak English fluently
   - Able to participate in the WHOLE trip

2. Attach recent photograph – passport size to each application.

3. A high resolution copy of your passport (valid until August 2012)

4. Complete the application form and return to Miss Pan LAM (Coordinator, 2012 Traveling Fellowship Program) at APOSSM, Rm 74209, 5/F., Clinical Sciences Building, Prince of Wales Hospital, Shatin, New Territories, Hong Kong.

5. Two letters of recommendation: One should be the orthopaedics surgeon with whom you have done the majority of your residency or fellowship. The other should be an orthopaedics surgeon who is familiar with the applicant’s work in the last 3 years. It is the applicant’s responsibility to make sure all forms and letters are received in the APOSSM office by the deadline. Be assured that the APOSSM office will contact you as soon as any of your letters arrive in the office, but it is solely the applicant’s responsibility to stay in touch with your sponsors and make sure their letters arrive before the deadline.

6. **All applications and letters of recommendation must be completed and received in the APOSSM office by January 31, 2012.** Incomplete applications or those received after the deadline will not be considered.
PLEASE TYPE:

I.
Name: ____________________________________________ Date of Birth: ____________________________
Age: ____________________________ Date of Birth: ____________________________
Place of Birth: _________________________________
Current Position: ________________________________________________________________
Current Hospital/Institution: _______________________________________________________
Address: ________________________________________________________________
City/State/Zip: ________________________________________________________________
Office Phone: ______________________________ Office Fax: ____________________________
Cell Phone: ________________________________________________________________
Email: ________________________________________________________________

II.
Names and address of two certified orthopaedic surgeons who will support this application:
1. Name: _______________________________________________________________
   Address: ________________________________________________________________
2. Name: _______________________________________________________________
   Address: ________________________________________________________________

III.
Graduate of ________________________________________________________________
Date Graduated: ___________________ Degree Earned: _________________________

IV.
Graduate of ________________________________________________________________
Date Graduated: ___________________ Degree Earned: _________________________

V.
Post Graduate Education (name, location, month, year)
1st Year: ________________________________________________________________
2nd Year: ________________________________________________________________
3rd Year: ________________________________________________________________
4th Year: ________________________________________________________________
5th Year: ________________________________________________________________

VI.
Additional Education or Fellowship
1. Type of Education or Fellowship: ________________________________________
   Director: ____________________________ From: __________ To: __________
   Location: ________________________________________________________________
2. Type of Education or Fellowship: ________________________________
Director: _______________________________ From: __________ To: __________
Location: ____________________________________________________________________________

VIII
Professional Activities since completion of residency or fellowship (faculty appointments, private practice, full or part time academic practice, etc.) (name, location, month, year.)
1. Activity: __________________________________________________________________________
2. Activity: __________________________________________________________________________
3. Activity: __________________________________________________________________________
4. Activity: __________________________________________________________________________

IX
Special Awards and Honors. (List special awards you have received from college on)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

X
What type of practice do you engage in or aspire to.
Academic: __________________________________________________________________________
Community: ________________________________
Administrative: _______________________________________________________________________
Research: __________________________________________________________________________
Other: ______________________________________________________________________________

XI
Please indicate your team coverage (name of team/years of coverage)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
XII

Complete your **Curriculum Vitae** on a separate attachment according to the following format.

a. Name of applicant.

b. List of international and local professional medical organization to which you belong.

c. List the committee appointments, which you received in the above medical organizations.

d. List the articles that you have published. List the name of the article, journal name, authors, page numbers and the date published. Please underline you name and capitalize the name of the journal.

e. List the textbooks or chapters in textbooks, which you have written or edited. Identify title, publisher and year.

f. List the manuscripts, which have been submitted for publication, identify the article and the journal. Give date of submission.

g. List the research grants which you have received and the source. List all of the authors in their proper sequence and the amount of each grant.

h. Describe clinical and basic research work, which is now in progress.

i. List all the movies, sound slide programs, exhibits, audiotapes and videotapes that you have developed or co-developed. You should also list the scientific meetings where each has been presented.

j. List scientific presentations, which you have made to international meetings (include title of paper, organization, location, and date).

Signature of Applicant: ___________________________ Date: ______________________