



# EKS 2024 Knee Arthroplasty Travelling Fellowship Application Form

All information must be **TYPED**

Deadline for receipt of application and supporting materials: **May 31st, 2024.**

FULL NAME:

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Name of Active Member **Sponsoring** this Application:

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Name of Active Member **Seconding** this Application:

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*(one of the two sponsors needs to be an EKS member)*

## PERSONAL DATA:

Date of Birth: \_\_\_\_\_

Year of Medical Certification: \_\_\_\_\_

Professional Membership (if not listed on CV)

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	Office Address	Home Address
Street + Number		
ZIP Code		
City		
Country		
Phone		
Email		

Current position/ Title: \_\_\_\_\_

Active Hospital Appointments: \_\_\_\_\_

Academic Affiliations: \_\_\_\_\_

Residency: \_\_\_\_\_

Fellowships:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Honours and Grants (if not listed on CV):

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**ADDITIONAL INFORMATION:**

Individuals other than Sponsors who may be contacted if additional applicant information is desired:

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1. Please enclose a current copy of your Curriculum Vitae (CV). Please include if you did a national and/or international fellowship in arthritic knee.
2. Sponsors should send their letters directly to the EKS Office.
3. Include a bibliography of peer reviewed (pubmed) publications and separately listed those on arthritic knee pathology and the years published.
4. Include a summary of knee presentations (title, date and meeting name).
5. Include a list of investigations in progress.
6. Include a separate personal statement indicating your desired participation in the EKS Knee Arthroplasty Travelling Fellowship, and how you will contribute to the EKS research project.
7. Numbers of revision TKA primary TKA, Uni, Osteotomy the candidate has performed him/herself.
8. Headshot photo - electronic preferred, email to: [europeankneesociety.secretariat@gmail.com](mailto:europeankneesociety.secretariat@gmail.com)
9. Completion of this application provides your written permission for EKS to investigate your credentials, including, but not limited to, contacting any Medical Society, state licensing board or the hospital at which you have privileges.

APPLICANT'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

Please submit the completed application and save the supporting documents in separate files:

- 1\_ApplicationForm
- 1\_CV
- 3\_PeerReviewed
- 4\_Presentations
- 5\_Investigations
- 6\_PersonalStatement
- 7\_NumbersPerformed

Submission deadline: no later than May 31<sup>st</sup> 2024 to:  
EKS Secretariat : [europeankneesociety.secretariat@gmail.com](mailto:europeankneesociety.secretariat@gmail.com)