



ORTHOFIX FELLOWSHIP APPLICATION FORM

Important: This form must be completed by external organizations only. Orthofix employees, agents, and distributor principals may not complete this form. Submit completed forms and all required documentation at least 6 weeks before the event start date to: Grants@Orthofix.com

Section 1: Fellowship Center Information

- Center Name:
- Address (Street, City, State, ZIP):
- Fellowship Director Name:
- Email Address:
- Phone Number:
- Attach Fellowship Director's Current CV (Required)

Section 2: Fellowship Program Overview

1. Center Description (Attach separately or describe below):
2. Fellowship Program Description (Attach separately or describe below):
3. Accreditation Status: ☐ Yes (Attach copy of accreditation certificate) ☐ No
4. Program Duration: Start Date: _____ End Date: _____
5. Fellowship Curriculum (Attach or describe):
6. Use of Fellowship Funds (Be specific – e.g., salary, educational materials, travel, etc.):
7. Academic or Charitable Affiliation:

☐ No ☐ Yes Name of institution:

Section 3: Fellow Participation & Program Metrics

8. Describe Fellow's Involvement in:

- Patient selection
- Surgical procedures
- Device trial/implantation
- Postoperative management

9. Fellowship History:

- Year Program Started: _____

10. Annual Breakdown of Fellows by Specialty (2010–Present): (Attach completed table if more space is needed)

Section 4: Research and Director Qualifications

11. Fellowship Director Qualifications: (e.g., Board certifications, academic titles)

12. Recent Faculty/Center Publications (last 24 months): (Attach list or provide link)

13. Current or Upcoming Orthopedic/Spine/Bone Growth Stimulation Research Projects: (Attach or describe)

Section 5: Additional Program Information

14. Include any relevant details not covered above: (Attach separately if needed)

Statement of Compliance and Understanding

I understand and certify that:

- Fellowship support requested: \$ _____ per academic year
- Fellow salary funded by Orthofix (if applicable): \$ _____
- This request is made solely for the support of education and training. No funding is offered or accepted as an inducement for the use, purchase, or recommendation of Orthofix products or services.

- All information provided herein is accurate to the best of my knowledge and can be substantiated upon request.

☐ By checking this box, I affirm agreement with the above Statement.

Signature: _____

Date: _____

Printed Name: _____

Title: _____