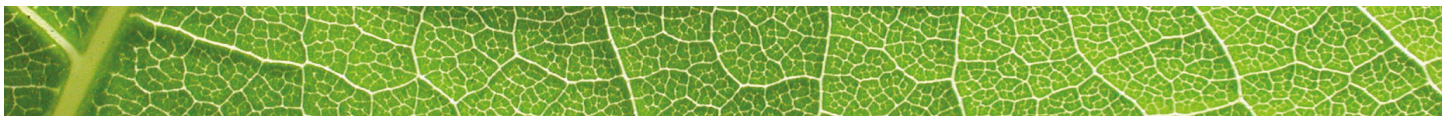
IBRA International Bone Research Association



IBRA Scholarship Program Application

For IBRA use only	Project No.
	Date received

Program B Clinical residential visit to a foreign host institution

This application form is prepared as a fill-in document. Please type directly on this PDF file.
Note: The full version of Adobe Acrobat version 5 or higher is required to save your input.
Only electronically completed application forms in English language will be accepted. No handwritten responses will be accepted.

Personal Data

Titel			
Family name			
First name			
Date of birth			
Gender	female	male	inter
Nationality			
IBRA Full Member	yes	no	

Private Address

Street	
City / Postal Code	
State	
Country	
Phone	
Fax	
Email	

Academic Qualifications

Current academic and professional position		
Resident in training	yes	non
In PhD program	yes	non

Office Address

Department	
University	
Head of department	
Street	
Country	
State	
City / Postal code	
Phone	
Fax	
Email	

IBRA Scholarship Program Application

Program B	Clinical residential visit to a foreign host institution

Professional experience

☐ **Head**		**Upper Limbs**	**Lower Limbs**		
Plastic / CMF Years	Years	Hand/Wrist	Elbow	Shoulder	Foot&Ankle
Neuro / Head Years	Years	Plastic Surgery		Years	
Trauma Surgery Years	Years	Orthopedic Surgery		Years	
ENT Years	Years	Trauma Surgery		Years	
CMF / Anatomy Years	Years	Others			
CMF / Pediatric Years	Years				
Research Years	Years				
Others					

Favored IBRA Training Centers (by priority)

1st priority	
Name of Training Center	
Fellowship Director	
City, Country	
Are you already in contact with the Training Center? (not mandatory)	Yes (Please attach correspondence with Training Center to your application materials.) No

2nd priority	
Name of Training Center	
Fellowship Director	
City, Country	
Are you already in contact with the Training Center? (not mandatory)	Yes (Please attach correspondence with Training Center to your application materials.) No

Fellowship duration

Which fields are you particularly interested in?	Upper Limbs	Lower Limbs	Head

Estimated scholarship date: _____

IBRA Scholarship Program Application

Program B | Clinical residential visit to a foreign host institution

Expectations and objectives

Head	Limbs			
☐ Trauma	Hand/Wrist	Elbow	Shoulder	Foot & Ankle
Reconstruction	Trauma			
Orbita Surgery	Reconstruction			
Dysgnathic Surgery	Corrections			
Others	Others			

Guidelines and conditions for the IBRA scholarship application – program B

The following documents must be submitted in English by one of the application deadlines on January 31.
Only complete applications will be considered by the IBRA Education Committees.

- Electronically completed application form
- Curriculum vitae in English
- List of publications – publication list must be structured by:
  - A. Original articles
  - B. Case reports / technical notes
  - C. Book chapters / proceedings, others (incl. monography)
  - D. Abstracts
- Letter(s) of recommendation
- Copies of diploma

Important information

Decisions will be communicated within six weeks after the application deadline.

No reason will be given for rejection of the applicant.

The applicant's case report is expected to be published in the IBRA Scientific Flash. Therefore, the applicant's case report has to be approved by the fellowship director of the IBRA training center and the chairman of the respective IBRA Education Committee.

It is the responsibility of the applicant(s) to ensure that all pertinent government and local hospital rules, including approval by the ethics committee, are complied with, if applicable. For animal experiments, the approval of the authorities must be granted, and the experiments should be performed according to the International Standard Organization documented ISO 10993-2. Insurance is the responsibility of the applicant(s).

Please upload the completed and signed application on our website: www.ibra.net/scholarship-registration.

Alternatively, you can submit your application by e-mail to caroline.tschanz@ibra.net.

For additional information please feel free to contact us at the IBRA Administration Office: caroline.tschanz@ibra.net

I hereby certify that the content of all statements concerning this application, including abstract, are true.
I agree with my signature to accept the conditions that are prerequisite to obtaining scholarship support from IBRA.

Signature | Date | Place