



Orthopaedic Trauma Association

Sponsor Form for New Members

DEADLINE: NOVEMBER 1st

Instructions to Applicant:

Please circle the category of membership you are applying for prior to sending this form to your sponsor:

- ACTIVE • RESEARCH •
- ASSOCIATE • COMMUNITY • CANDIDATE • ALLIED HEALTH •
- INTERNATIONAL • INTERNATIONAL COMMUNITY •
- INTERNATIONAL RESEARCH •
- CURRENT MEMBER APPLYING FOR ACTIVE MEMBERSHIP •

Instructions to Sponsoring OTA member:

Please complete the form by answering each question. Ensure that your name and the applicant's name are legible and that the date is indicated. Completion of this form is mandatory for all applicants, and recommendations submitted on anything but this form are unacceptable.

Mail form directly to: Membership Chair
 Orthopaedic Trauma Association
 6300 N River Rd, Suite 727
 Rosemont, IL 60018-4226 USA
 Phone: (847) 698-1631/Fax: (847)823-0536

- I, _____, **Residency Program Chair, Fellowship Director or Active/Research/Senior** (*circle one*) member of the Orthopaedic Trauma Association, agree to sponsor:
- (*Name*) _____ an applicant for membership in the Orthopaedic Trauma Association.
- I practice at an institution different from the applicant.
 (At least one required EXCEPT FOR RESIDENT APPLICANTS.)
 Yes _____ No _____
- I have known the applicant for _____ years in the following capacity:

- I have no reservations about the applicant's professional, moral, and ethical standards.
 _____ True (no reservations) _____ False

Comments:

➤ I believe the applicant meets the following criteria for membership:

1. Certification in orthopaedics by the American Board of Orthopaedic Surgery, the American Osteopathic Board of Orthopaedic Surgery, or the Royal College of Surgeons of Canada or the appropriate licensing body of the country of applicant's practice (*please indicate*).

_____ Yes (Required for Active membership)

_____ No (May qualify as Associate/Candidate or International membership)

2. Fellowship in the American Academy of Orthopaedic Surgeons, American Osteopathic Association, or the Canadian Orthopaedic Association

_____ Yes (Required for Active membership)

_____ No (May qualify as Associate/Candidate or International membership)

3. Full and unrestricted license to practice medicine in the US or Canada (or full time government medical service with no license required).

_____ Yes _____ No (If no, may qualify for Candidate or International Membership)

4. Practice or Residency located in US or Canada (or US or Canadian citizen).

_____ Yes _____ No (If no, may qualify for International Membership)

5. The applicant devotes at least 50% of his or her professional time to clinical practice, teaching, and/or research in orthopaedic trauma.

_____ Yes _____ No _____ Unknown

6. The applicant is an active participant in the hospital call panel and personally provides emergency on-call services.

_____ Yes _____ No _____ Unknown

7. The applicant is lead author of at least one, or co-author of at least three, trauma-related scientific publications, in a peer-reviewed journal, within the 48-month period ending November 1st of the year of application. (Publications not required for Community or Candidate membership.)

_____ Yes _____ No _____ Unknown

➤ I believe that this applicant will be a worthy and contributing member of the Orthopaedic Trauma Association. I support his/her membership without reservation.

Signature _____ Date _____