Orthopaedic Fellowship Opportunity in Adult Hip and Knee Preservation/Arthroplasty and Musculoskeletal Trauma

Fellowship Director Alexander Rosenstein, M.D.
Associate Fellowship Director Aaron Sop, D.O.

A unique training opportunity is available at Charleston Area Medical Center, a level one trauma center and the leading teaching hospital system in West Virginia. A one year experience with emphasis in two areas of Orthopaedic Surgery: Adult Hip and Knee Preservation/Arthroplasty Surgery, and Orthopaedic Trauma Surgery. The experience includes exposure to state-of-the-art elective procedures including, surgical management of articular cartilage defects, unicompartmental knee arthroplasty, primary and revision hip and knee arthroplasty. Trauma experience includes exposure to pelvic and acetabular fracture reconstruction, management of periarticular injuries, and long fractures. The program is designed to have a six (6) month rotation in Adult Reconstruction and a six (6) month rotation in Trauma. The fellow will be expected to participate in surgery, outpatient/inpatient care, teaching residents and medical students, conduct presentations at educational conferences include trauma conferences and adult reconstruction conferences. Participation in clinical research and completion of ready-for-publication papers (at least one in trauma and one in adult reconstruction) is expected. Weekly academic time will be provided. The applicant must be able to obtain a full unrestricted medical license in West Virginia.

**Arthroplasty objectives:**

- Diagnosis and decision making in treatment of hip and knee joints pathology
- Primary and revision hip and knee arthroplasty
- Joint preservation surgery
- Unicompartmental knee arthroplasty
- Post arthroplasty knee arthroscopy
- Navigation solutions for complex hip and knee arthroplasty

**Trauma objectives:**

- Surgical exposures to pelvic and acetabular fractures,
- Surgical and non-surgical treatments of pelvic and acetabular fractures
- Management of periarticular fractures and long bone fractures
- Management of periprosthetic fractures
Dear Applicant:

Attached is an application for CAMC’s Orthopaedic Fellowship in Adult Hip and Knee Preservation/Arthroplasty and Musculoskeletal Trauma.

To be considered for this fellowship program, please send the following application and requested documents to the Orthopaedic Fellowship, CAMC Office of Graduate Medical Education at 3110 MacCorkle Avenue SE, Room 58, Charleston, WV 25304.

Should you have any questions, please call the Office of Graduate Medical Education at 304-388-9948. You can learn more about CAMC, our programs and our region on our website at www.camc.wvu.edu.

Sincerely,

Jennifer L. Weiss, MS
Administrative Director
CAMC Office of Graduate Medical Education
Application: Orthopaedic Fellowship in Adult Hip and Knee Preservation/Arthroplasty and Musculoskeletal Trauma

Please type or print clearly all information. When complete, submit with attachments to:
Orthopaedic Fellowship, 3110 MacCorkle Avenue SE, Room 58, Charleston, WV 25304 Attn: Jennifer L. Weiss

Fellowship begins: ______________ Date of application: ______________________________

First name: ______________________ Last name: ______________________ M.I. ____ DOB: ______

Current address: ____________________________________________________________________________
Street City State Zip

Phone: ______________________________ Work/Pager: ______________________________

Citizenship: ________________________ Visa, if so, type: ______________________________

ECFMG number: ______________________ DEA number: ______________________

Education:
Undergraduate college
Name Address Degree Month/Year
__________________________________________________________________________________________
__________________________________________________________________________________________

Graduate school
Name Address Degree Month/Year
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Medical school
Name Address Degree Month/Year
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Name: ___________________________________________    Page Three

WV State License, if applicable: ___________________________ Year: _________ Expires: _____________

Other state licenses, if applicable: _____________________________________________________________

Board scores: Part I: ________________ Part II: ________________ Part III: ________________

Military status:

Branch: __________________________________________ Dates: _____________________________

Future obligation: Yes _____ No _____

Research projects: __________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Publications: _______________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Presentations: _____________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Awards and honors: _________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Previous work experience: ___________________________________________________________________
__________________________________________________________________________________________
To complete your application, please personally send or arrange for the following to be sent to the address below:

1. Official medical school dean’s letter
2. Official medical school transcript
3. Curriculum vitae
4. Letter from program director indicating good standing and expected date of graduation
5. One page personal statement
6. Three letter of professional reference (including one from chief of residency program)
7. Certificates of internship/residency training, if complete

I certify that the information submitted in this application is accurate to the best of my knowledge. I agree to notify the program of any change in my status.

_________________________________________  _________________________
Signature of Application     Date

Submit application and required documents to:

CAMC Office of Graduate Medical Education
Orthopaedic Fellowship
3110 MacCorkle Avenue SE, Room 58
Charleston, WV 25304
Attn: Jennifer L. Weiss