



2020-21 AANS European Training Course Application

This application is for consideration to receive a Neurosurgery Research & Education Foundation (NREF) travel grant along with a European Association of Neurosurgical Societies (EANS) course grant to participate in an EANS Training Course. There are limited spaces available. Please indicate the course(s) you wish to attend. Should you want to apply for all of the them, rank the courses one (1-most preferred) to three (3-least preferred).

CHOICE	RANK	TOPIC	COURSE DATES	LOCATION	DEADLINE	DECISION
<input type="checkbox"/>		Tumor				
<input type="checkbox"/>		Vascular				
<input type="checkbox"/>		Spine	Sept. 13-16, 2020	Iasi, Romania	Jan. 6, 2020	Feb. 28, 2020

Applicant Criteria

Applicants must:

- Be a neurosurgical resident, PGY 4-7, when the course occurs and in good standing.
- Be a member of the American Association of Neurological Surgeons (AANS).
- Be willing to obtain a country-specific visa for travel.
- Include a copy of current curriculum vitae (CV) with this application.

Program Criteria

Programs must:

- Be ACGME-accredited.
- Be CAST- or ACPNF-accredited or currently in the application process.
- Provide a letter of reference from the department chair, including a commitment to give the resident time off to attend the course.
- Include a letter of reference from the program director that indicates the resident is in good standing.

Applicant Institution Information

Institution Name _____

Federal ID # _____

Institution Address _____
Street Address City State Zip Code

Institution Phone _____ Contact Email _____

Is the applicant's institution not-for-profit? Yes No

If no, provide the name of the affiliated non-profit entity: _____

Does the applicant’s institution have an accredited ACGME residency program? Yes No

Is the institution CAST- or ACPNF-accredited? Yes No Date of Accreditation _____

If no, has the institution applied for CAST- or ACPNF-accreditation? Yes No

Date of Application _____

More information about the Society of Neurological Surgeons’ Committee on Accreditation of Subspecialty Training (CAST) can be found at www.societyns.org/fellowships/index.asp.

Applicant Information

Full Name _____
Last First M.I.

Address _____
Street Address Apartment/Unit #

City State Zip Code

Phone _____ Email _____

Current PGY (PGY 3-6; Must be PGY 4-7 at time of course) _____

Program Director Information

Full Name _____
Last First M.I.

Address _____
Street Address Apartment/Unit #

City State Zip Code

Phone _____ Email _____

Department Chair Information

Full Name _____
Last First M.I.

Address _____
Street Address Apartment/Unit #

City State Zip Code

Phone _____ Email _____

Applicant Experience

Top three clinical interests:

- 1 _____
- 2 _____
- 3 _____

Applicant's authored and co-authored work (maximum five):

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Previous funding received for projects:

- | | |
|--------------------|--------------------|
| Project Name _____ | Funding Type _____ |
| Project Name _____ | Funding Type _____ |
| Project Name _____ | Funding Type _____ |

Volunteer roles:

- Position _____
- Position _____
- Position _____

Are you a member of the American Association of Neurological Surgeons (AANS)? Yes No

Are you a member of any other neurosurgical society? Yes No

If yes, which one(s)? _____

Are there any dates in 2020 when the applicant is unavailable? Yes No

If yes, which dates? _____

Any known travel restrictions? Yes No

If yes, what are the restrictions? _____

Disclaimer and Signature

I have reviewed this application for a Neurosurgery Research & Education Foundation (NREF) grant and an EANS course grant for participation in the EANS/AANS Resident Education Exchange Program and, to the best of my knowledge, the information enclosed is accurate. I agree to release and hold harmless the NREF, the American Association of Neurological Surgeons (AANS), its members, officers, and agents from any complaints or claims or demands for damage or otherwise, by reason of any act of omission or commission that they, or any of them, may make in connection with this application, including but not limited to the evaluation of the application and the final decision with respect to its approval and/or funding. It is understood and agreed that the decision as to whether the application qualifies for approval and/or funding rests solely and exclusively in the NREF Board of Directors and NREF Education Committee and that their decision is final. I understand that I will be legally bound by the foregoing.

 Applicant Name

Signature

Date

I certify, on behalf of the applicant, that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to comply with AANS and NREF's terms and conditions if application is approved and accepted based on information presented here within. I further certify that the applicant understands that any deliberate omission, misrepresentation, or falsification of any of the information contained in this application or in any other communication by the applicant to the AANS/NREF related to this application may void acceptance to attend EANS course via the AANS exchange program to the applicant institution by AANS/NREF and may require the applicant institution to refund any related expenses. By signing below, I attest that the program will grant the applicant time to attend and participate fully in the EANS course applied for if application is approved.

 Program Director Name

Signature

Date

 Department Chair Name

Signature

Date

**Submit the completed application to the
Neurosurgery Research & Education Foundation at info@nref.org.**