Pediatric Orthopaedic Society of North America

1 Tower Lane, Suite 2410, Oakbrook Terrace, Illinois 60181
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MEMBERSHIP SPONSOR FORM
DEADLINE: NOVEMBER 1

DATE: _____

SPONSOR'S NAME: _____

APPLICANT'S NAME: _____

MEMBERSHIP CATEGORY: _____

The above named applicant has applied for membership in POSNA, and has named you as a formal sponsor. Please complete this form and send it back to the applicant to upload in their online application. If you are unable to send it back to the applicant, you can email it to the POSNA office at posna@posna.org or fax to 630.478.0481.

1. In what capacity (Fellowship Director, Hospital Staff Chief, colleague, partner, etc.) and for how long have you known the applicant? (Please be specific)

_____

_____

2. Do you have first hand knowledge of the applicant's Practice Profile?

_____

_____

_____

3. Based on your familiarity with the above named applicant what percentage of the applicant's practice consists of pediatric orthopaedics (clinical, surgical and elective combined)? _____

*In the case of Candidate-Associate, is the applicant actively engaged in a profession that directly relates to pediatric orthopaedic surgery either clinically or in the field of research?*_____

In the case of Candidate-Active or Candidate-Affiliate, is it your impression that the applicant's practice consists of 50% pediatric orthopaedics? _____

4. Please provide a narrative description of the candidate and their potential participation and contribution within POSNA. Please address specifically the applicant's clinical judgment, knowledge base, professional competence, ability to relate to colleagues and patients, and moral and ethical values.

5. If you are unable to comment in depth on the applicant, or have not or cannot verify the applicant's practice profile, please indicate this here and provide comment.

Signature: _____

☐ **By checking this box you are indicating that the information provided here is true and to the best of your knowledge.**