

**Membership Application**

**Requirements for Application:**

1. **Application Form**
2. **Curriculum Vitae**
3. **Letter of Support from current CORTICES member (sponsor)**
4. **Letter of Institutional Support from Division or Department Chair, or CMO**

**Name:**

**Title:**

**Institution:**

**Address:**

**Email:**

**Cell:**

1. **Do you take call at a Pediatric Level I Trauma Center?**
2. **Which cities/states are in your catchment area? Approximate population?**
3. **How many pediatric emergency visits does your emergency department see each year?**
4. **How many Orthopedic department clinic visits per year?**
5. **How many Orthopaedic cases do you perform per month?**

 **Trauma?**

 **Infection?**

1. **Why are you interested in being a member of CORTICES?**
2. **What will your membership bring to the group?**
3. **What are your current clinical/research interests related to pediatric orthopaedic trauma?**
4. **Are you or any of your partners involved in other pediatric orthopaedic multi-center study groups? If so, which groups?**

**Please email completed application, including name of CORTICES sponsor, to Allan Beebe** **Allan.Beebe@nationwidechildrens.org** **and Jennifer Laine** **jenniferlaine@gillettechildrens.com**