

EXHIBIT A

Orthopaedic Hip and Knee Surgery Matching Rules

NOTICE: Adult Reconstructive Hip and Knee Fellowship Programs and Musculoskeletal Oncology Fellowship Programs must sign this Exhibit A of the 2018 Adult Reconstructive Hip and Knee Fellowship Match Program/Musculoskeletal Oncology Fellowship Match Program Agreement with the American Association of Hip and Knee Surgeons, The Hip Society, The Knee Society, and the Musculoskeletal Tumor Society (the “Organizations”) before they can participate in the orthopaedic hip and knee surgery match for appointment year starting in **July 2020**. In addition, they must complete and submit this page to the Organizations before they will be listed as a participating program with the SF Match. The Program Director must read these rules and complete and sign this form and send it via fax to 847-698-0704, e-mail to SWolfe@AAHKS.org, or mail to AAHKS, 9400 West Higgins Road – Suite 230, Rosemont, IL 60018-4976.

1. The term “Fellowship” shall mean a Clinical Fellowship Training Program for Adult Reconstructive Hip and Knee or for Musculoskeletal Oncology with a minimum Fellowship length of twelve (12) months. We have signed the 2018 Exhibit A of the Orthopaedic Hip/Knee/Musculoskeletal Tumor Fellowship Match Agreement with the Organizations, the sponsors of the Match. As part of that agreement, I affirm our commitment to the following general rules for Programs and Program Directors:

2. **Program Obligations.** As consideration for the Organizations’ efforts to facilitate placement services for Applicants and Participating Programs, the Program shall adhere to the conditions set forth below:

- The Program shall honor its commitments to the SFM and Applicants under its Participation Agreement.
- The Program shall not accept a fellow for its Fellowship who is not a participating Match Applicant. All Fellowship positions offered by the Program shall be filled through the SFM, with the following exceptions:
 - (a) Any Fellowship position that is “unmatched” through the SFM;
 - (b) A Fellowship position reserved only for International Fellows, provided the position is designated for International Fellows only by the 15th of August preceding the applicable “Match Day”.
 - (c) A Fellowship position reserved only for Research Fellows, provided the position is designated for Research Fellows only by the 15th of August preceding the applicable “Match Day”.
- The Program shall not pressure Applicants to commit to a Fellowship prior to the Match.
- The Program shall not seek assurances from Applicants as to an Applicant’s intent to “rank” a Program’s Fellowship in a certain order and shall similarly not state or imply in any way that the Applicant’s position on the Program’s SFM Rank List is at all dependent upon the Applicant’s relative level of interest in the Program’s Fellowship. No verbal or written communication between the program and applicants is binding.
- The Program shall not withdraw any Fellowship positions from the Match at any time prior to “Match Day”, nor offer any Applicant, irrespective of whether or not the Applicant has signed a Participation Agreement, any position as a Fellow prior to Match Day, except as provided in Section 3.2(b) of the previously signed agreement.
- The Program shall not interview any Applicant for a Fellowship position prior to executing its Participation Agreement and the Program Agreement with the Organizations corresponding to the year the Fellowship is being offered by the Program.
- I have read and agree to the Code of Conduct document.

Program Name: _____

ACGME ID Number: _____
(If your Fellowship Program is not ACGME-accredited, please enter **N/A.**)

Program Director's Name: _____

Program Director's Signature: _____

Date Signed: _____

Please provide the total number of:

1) Adult Reconstructive Hip and Knee Fellow Positions for July 2020 _____

2) Musculoskeletal Oncology Surgery Fellow Positions for July 2020 _____

3) International Fellow Positions for July 2020 _____

4) Research Fellow Positions for July 2020 _____

Program Contact Information:

Coordinator or Administrator Name: _____

Program Address – Company/Institution Name: _____

Street Address: _____

City, State, Zip/Postal Code: _____

Phone Number: (_____) _____ - _____

E-Mail Address: _____

Interview Date(s): _____

****If available, please provide the interview date(s). Otherwise, please enter T.B.D.***