FIMS – CCSM Application form

This form must be completed in full and submitted with the required supporting documentation as per the checklist attached. Applications will undergo review and if further information or clarity is required, the key contact person will be notified.

Facility Name:

Affiliated Institution:

Address: Country:

Key Contact Person:

Proposed Director (Must be a physician):

Contact Phone:

Contact Email:

Team Physician, other healthcare providers, and scientists Summary (more lines may be added if required)

Name	FIMS Member (Y/N)	Key sport organization positions (provide details of functions and responsibilities)

Clinical Service

Please describe the Clinical Services offered in your facility including how you ensure multi-disciplinary collaboration, staff specialities and unique services. Provide indicators for patient turnover. You may include promotional material or website references.

Injury Prevention

Please describe your philosophy of injury prevention at your institution and include any programme descriptions, protocols or event information (250 words maximum). Include participant numbers or other indicators of impact as applicable.

Education

Please provide a list of educational activities that your facility has participated in over the last three years including professional courses, teaching responsibilities and patient education initiatives. Include participant numbers for the activities or other indicators of impact (e.g., successful completions):

Research Activities

Please provide your research strategy and focus, and a list of the major research activities that your facility has made substantial contributions to over the last 3 years, including peer-reviewed grants, industry sponsored grants and research associations. Provide indicators of impact as applicable:

Community Support of Active Living

Please list any community collaborations, partnerships or support that your facility has been involved in and made substantial contributions to promote active living. Provide indicators of impact as applicable (max 250 words):

Coaching and Advancement of Sports Medicine

Please describe your coaching model for developing countries and early career professionals for advancement of sport medicine best practices. Provide indicators of your impact (max 250 words):

Anti-doping Initiatives

Please describe any Anti-doping initiatives that your facility has developed or made substantial contributions to. Provide indicators of impact as applicable (max 250 words):

FIMS Involvement

Please provide a list of your FIMS members including their fellowship and instructor status as well as any FIMS activity or involvement (max 250 words):

International Initiatives

Please list any international collaborations, partnerships affiliations that your institution currently is involved with, and your factual contribution (max 250 words):

Other information you deem relevant in support of the applictaion