

Limb Lengthening and Reconstruction Society

is accepting applications for the

AAOS/OREF/ORS Clinician Scholar Career Development Program

- Submission Deadline: 5:00 p.m. CDT, Monday, March 27, 2026
- Forward completed application and attachments to: Karen R. Syzdek, Executive Director, at info@llrs.org
- Award recipient must be available to travel October 2026 (exact dates TBD by ORS)

Award Citation

The nominee for the AAOS/OREF/ORS Clinician Scholar Career Development Program (CSCDP) will be selected by board members of the Limb Lengthening and Reconstruction Society. The chosen candidate will be submitted to the AAOS and considered among nominees from other societies for the award. The ideal candidate demonstrates the potential and desire to become an orthopaedic clinician scholar. This award will recognize the individual who best exemplifies a commitment to orthopaedic education and research.

Eligibility Criteria

AAOS or LLRS Candidate members who are active in an accredited resident or fellowship program (PGY2–PGY 5). The nominee must demonstrate the potential and intent to become an orthopaedic clinician scholar.

Award Description

The award covers travel and expenses to participate in the 1 ½ day AAOS/OREF/ORS Clinician Scholar Career Development Program (CSCDP). The recipient is expected to make a five—to—ten—minute presentation during the LLRS' Scientific Meeting in 2027. The annual meeting registration fee will be waived. The presentation should include how the recipient benefited from the training, current educational and research projects, and how he/she will utilize the training in his/her future endeavors.

Essav

Attach a one–page essay (200 words maximum) explaining interest in CSCDP, how the program will further individual and society goals, and why you are deserving of the award.

Sponsor Letter

Attach a letter from your Program Director or Chair that indicates support for attendance at the CSCDP and LLRS Annual Meeting.

Curriculum Vitae

Attach an up-to-date CV to the application.

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| ull Name with Credentials: |
| mail Address: |
| elephone Number: |
| astitution: |
| omplete Mailing Address: |

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