

<b>AAOS TECHNOLOGY OVERVIEW (TO) TOPIC NOMINATION FORM</b>
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To assist AAOS in setting priorities, please answer the questions below.

**INSTRUCTIONS**

Please complete the form and return to:

Janet Wies, Manager of AAOS Clinical Practice Guideline Unit.

Email: [wies@aaos.org](mailto:wies@aaos.org)

Fax: (847) 823-9769

Address: 6300 N. River Road

Rosemont, IL 60018

**GENERAL INFORMATION**

Name of person submitting nomination: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e-mail address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Name of Committee, Council, or Specialty Society submitting nomination:

\_\_\_\_\_

**INFORMATION ON PROPOSED TOPIC**

The AAOS Guidelines & Technology Oversight Committee will use your answers to the following questions to decide whether to accept your topic nomination.

A. Please provide a short title for the proposed TO:

\_\_\_\_\_

*(Note: The Guidelines & Technology Oversight Committee may modify this title)*

B. Please answer the questions below.

1. *What is/are the primary reasons(s) you nominated this topic?*

2. *Please provide a brief overview of the topic*

3. *Please outline how the proposed TO will be useful to AAOS members.*