

AOCMF AP Starter Fellowship Application Form

(only typewriting accepted)

1) Personal Information

Last name:

First name:

Date of birth:

Nationality:

Full home address:

Home phone:

Email address:

Name of university/hospital:

Full address of hospital: (If you are in private practice, please explain your position and indicate name and address of the hospital)

Work phone:

Work fax:

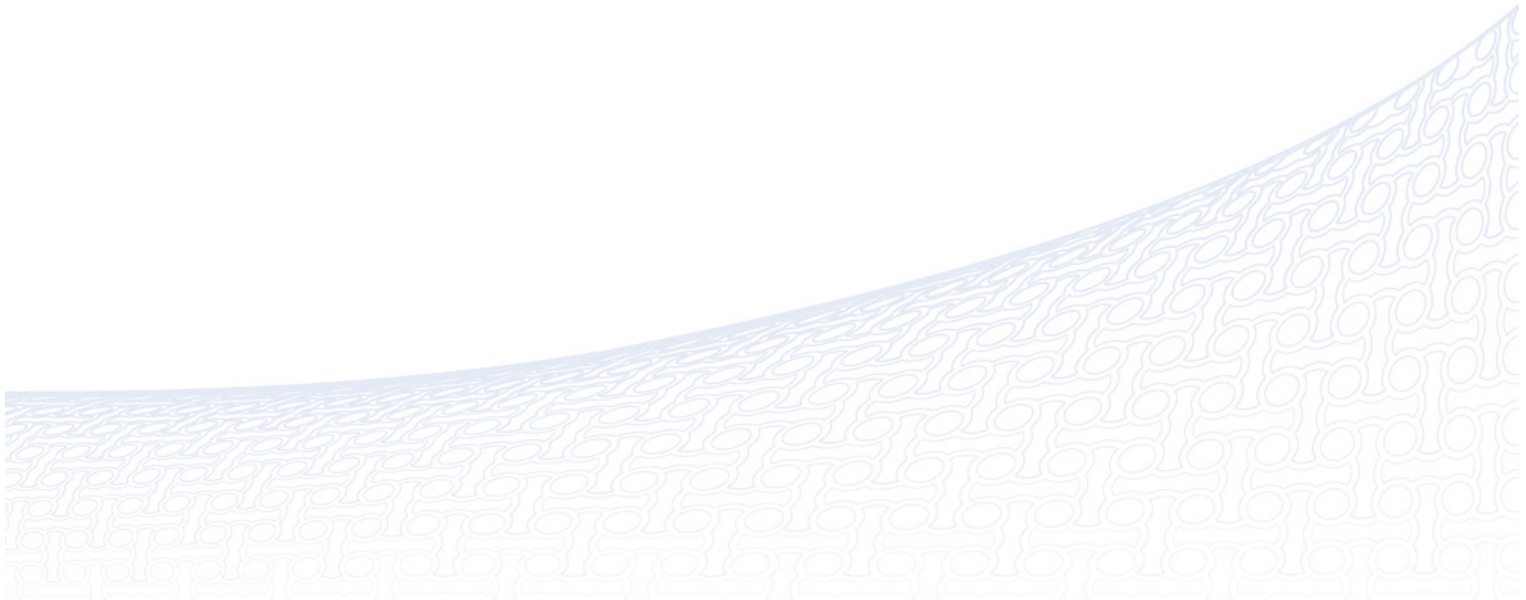
Mobile:

Present position:

Name of head of clinic:

Name of head of department:

Languages spoken: English, Chinese or Others:



2) Medical School

Name of school:

Full address:

Duration:

Date of graduation:

3) Post-graduate education

Where:

Duration:

Qualification:

4) Details about special training

Where:

Duration:

Have you ever attend any AOCMF educational events before? Yes No

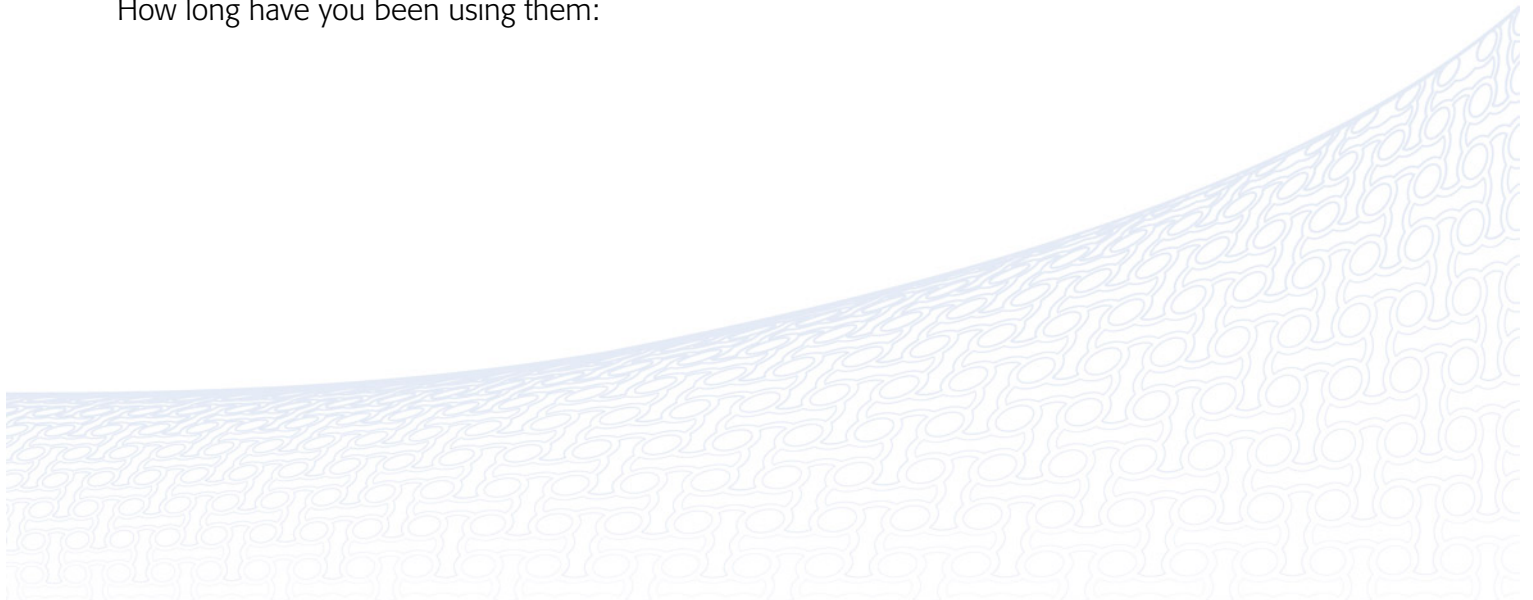
Please write down the detail of the AOCMF educational events you have attended

Have you applied the AO principles and techniques? Yes No

Which implants and instruments were used:

Where:

How long have you been using them:



5) Remarks

What field are you interested in:

(Please priorities them from 1 to 4, 1 is the most interested, 4 is the least interested)

Oncology

Trauma

Cleft

OGS

Please name three AOCMF fellowship center of your preference in order:

**Please refer to here for the information of fellowship center, kindly be reminded that only center in China, India, South Korea and Thailand are open for selection.*

1)

2)

3)

Signature:

Place and date:

Please enclose the following documents with your application:

Curriculum vitae

Copy of medical school diploma

Copy of doctor's professional certificate

1 recent passport size photograph

Health Certificate

Please submit this form and the documents required by electronic format to:

jenny.cheng@aocmf.org Tel: +852 2581 1795

