

Young Surgeons Professional Development Program

(only typewriting accepted)

1) Personal Information

Last name:

First name:

Date of birth:

Nationality:

Full home address:

Home phone:

Mobile phone:

Email address:

Name of your institution:

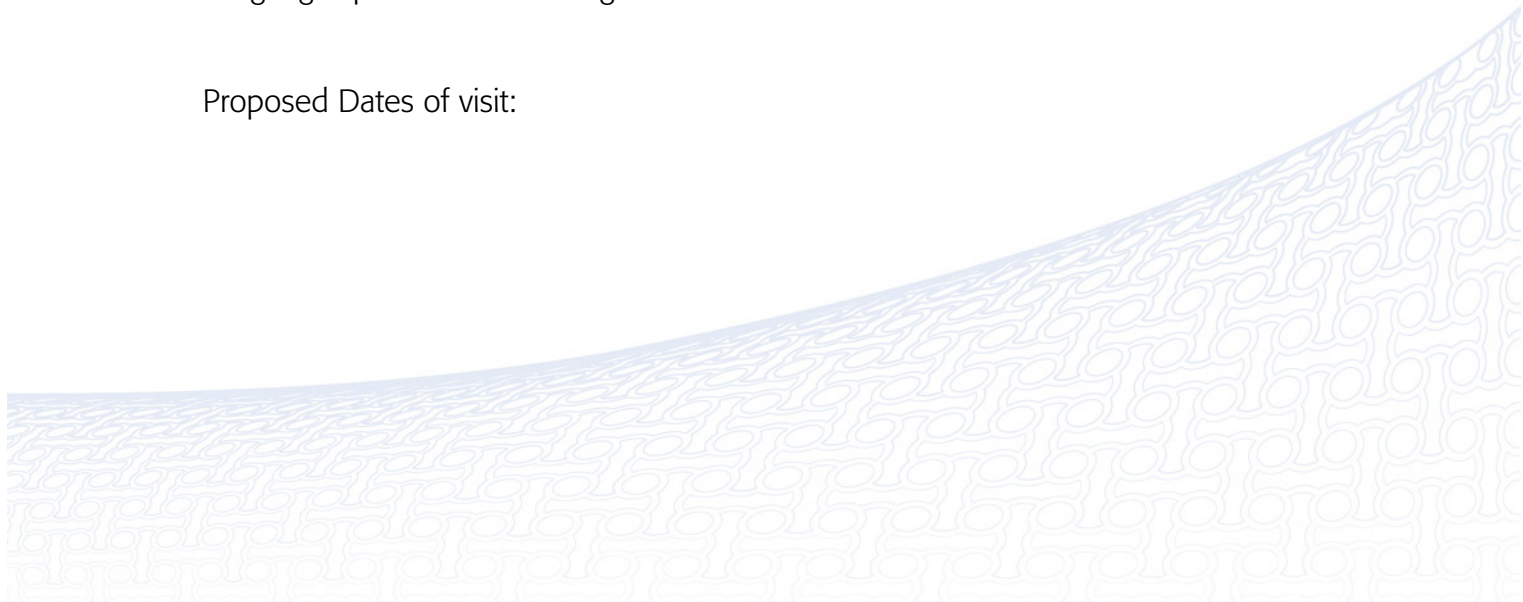
Address of your institution:

Present position:

Specialty:

Language spoken: English Chinese or Other:

Proposed Dates of visit:



2) Objectives / Goals

Please outline your goals and expectations in this program.

Please outline your plans after having completed this program.

3) 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:

1)

2)

3)

Signature:

Place and date:

Please enclose the following documents with your application:

- Curriculum vitae
- Copy of medical school diploma
- 1 recent passport size photograph
- Health certificate
- Recommendation letter from working institution and/or national representatives of AOCMF Asia Pacific Board

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

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