

# AOCMF AP Young Surgeon Professional Development Program Application form

(only typewriting accepted)

## 1) Personal Information

Last name:

First name:

Date of birth:

Nationality:

Gender:

Name of organization:

Department:

Name of head of dept:

Working address:

Working phone number:

Current position:

Email address:

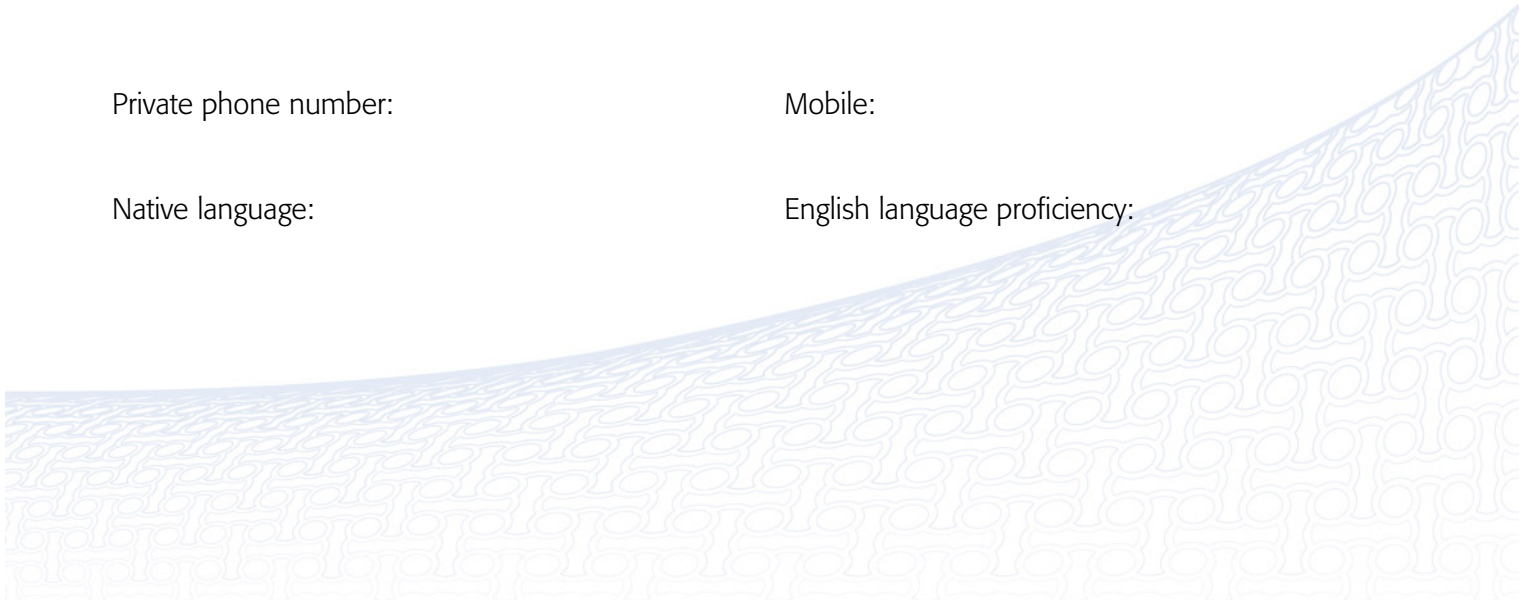
Private address:

Private phone number:

Mobile:

Native language:

English language proficiency:



2) Dental School (if applicable)

Name of school:

Duration (years):

Full address:

Graduation year:

3) Medical School (if applicable)

Name of school:

Duration (years):

Full address:

Graduation year:

4) Post graduate residency

Have you completed your residency (or equivalent):

First post graduate residency

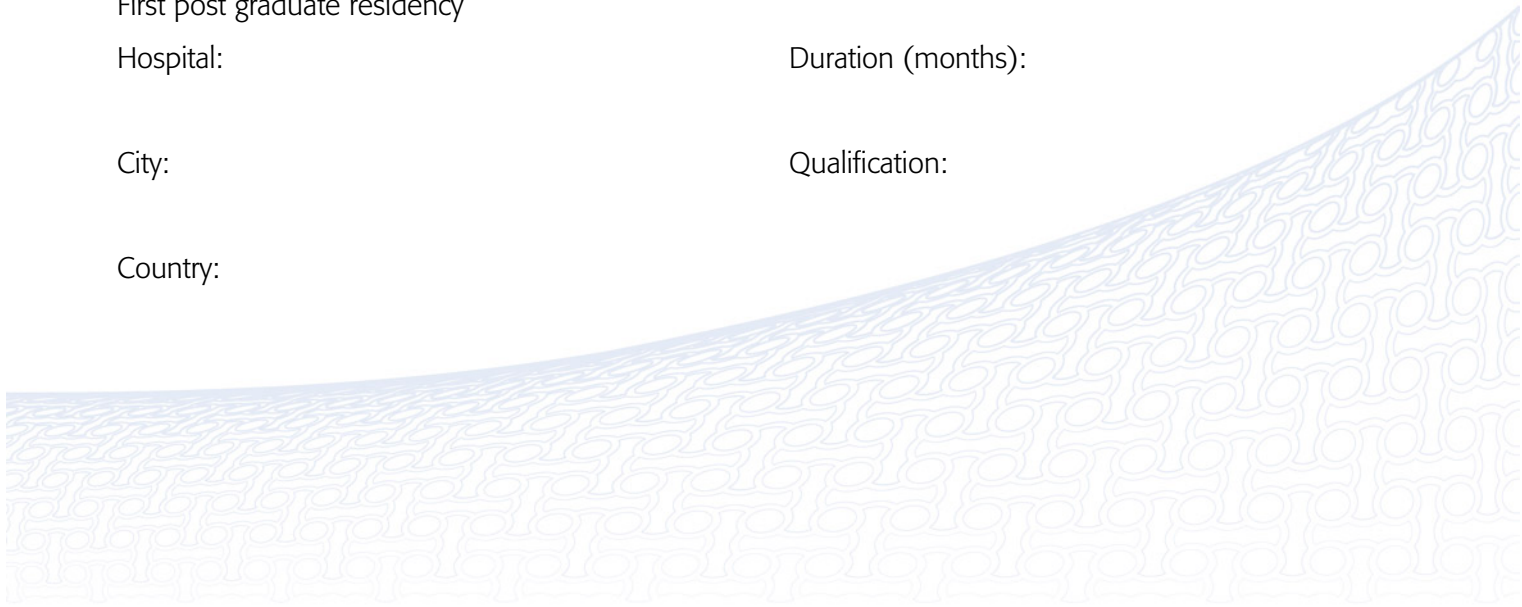
Hospital:

Duration (months):

City:

Qualification:

Country:



Second post graduate residency

Hospital:

Duration (months):

City:

Qualification:

Country:

### **5) Other information**

Are you an AOCMF Member or Member Plus?

Have you attended AOCMF principles / MFT course before

If yes, please state the year and country

Previous successful AOCMF fellowship(s):

If yes, which fellowship program:

which year:

Previous unsuccessful application(s) of AOCMF fellowship(s):

If yes, which fellowship program:

which year:

Please outline your goals and expectations in this program

Please outline your plans after having completed this program:

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 list three AOCMF AP 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

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](mailto:jenny.cheng@aocmf.org) Tel: +852 2581 1795

