

Closing Date: 31st Jan 2017

APPLICATION FORM
APSS DePuy Synthes Spine **Clinical** Fellowship 2017

Full Name (in block letter): First Name _____ Last Name _____		<i>Passport-size Photograph</i>
Gender: Female / Male		
Passport No: _____	Nationality: _____	
Email: _____		
Place of Birth: _____	Date of Birth: _____	
Correspondence Address: _____ _____		
Current Position: _____		
Institution Address: _____ _____		
Tel: _____	Fax: _____	
Basic Medical Degree: Qualification: _____ Medical school/center: _____ Date of Graduation _____		
Postgraduate Orthopaedic Education: Qualification: _____ Medical school/center: _____ Date of Graduation _____		
Spine Training i.e. Fellowship: Name of Center: _____ Date and Duration _____		
Are you interested in spine research? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Published article(s) <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Poster Presentation <input type="checkbox"/> (Please list down the number)		
How many years or months of experience in spine? _____		
Are you an APOA & APSS Active Member? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you been awarded a fellowship from APSS? Yes <input type="checkbox"/> Which year? _____ No <input type="checkbox"/>		
Area of interest in spine: 1 - _____ 2 - _____ 3 - _____		
I hereby declare that the information given above is true and genuine.		
Signature: _____		Date: _____
FOR NON MEMBER, THE APPLICATION MUST BE ACCOMPANIED BY THE PROOF OF SUBMISSION AND PAYMENT FOR THE APOA & APSS (SPINE SECTION) MEMBERSHIP. WEBSITE: www.apoaonline.com		

Complete and email this form along with the required documents to:

APSS SECRETARIAT

Email: spine@apssonline.org

Website: www.apssonline.org

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