##  APPLICATION FORM

**Application for the 2022 OMI Seminar Palliative Care in Neurology and Neuro-Oncology**

Be sure to save the application form in the following format:

Last Name\_First Name\_Seminar\_Year (e.g. Mustermann\_Max\_Pathology\_2021)

**Additional Materials:**

* CV (Curriculum Vitae)
* Profile Photo
* Medical Certificates/ Diploma
* Medical License

- List of Publications

**Please complete this form in English and send it to:** s.faschang@openmedicalinstitute.org and maryvcallaway@gmail.com

Academic Degree (e.g. MD, PhD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Sex: \_\_\_\_\_\_\_\_\_\_\_  |
| Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | English Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Home City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Home Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Home Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medical Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical License Number: \_\_\_\_\_\_\_\_\_\_ Number of Publications (Total): \_\_\_\_\_\_ | Medical Subspecialty: \_\_\_\_\_\_\_\_\_\_\_\_ Medical License Issue Date: \_\_\_\_\_\_\_ Number of Publications (English):\_\_\_ |

Academic Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional Position: \_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Zip Code: \_\_\_\_\_\_\_\_ Work Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Place and Date Signature