## 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](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my signature I hereby agree that my personal data as stated above as well as any photographs, videos and other recordings taken during the ongoing course may be used for managing the programs of the AAF/OMI according to the General Data Protection of the European Union as well as its correspondent legislation in the United States of America respectively.

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Place and Date Signature