

**The American Society of Colon and Rectal Surgeons**  
85 West Algonquin Rd., Suite 550, Arlington Heights, IL 60005  
Ph: 847/290-9184 Fax: 847/290-9203 Email: [ascrs@execadmin.com](mailto:ascrs@execadmin.com)

**APPLICATION FOR INTERNATIONAL FELLOWSHIP**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Office Address: \_\_\_\_\_

City, Country, Postal Code: \_\_\_\_\_

Tel No. \_\_\_\_\_ Cell No: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mo Day Year

Citizenship: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PREMEDICAL EDUCATION:**

Name of University Degree Date of Graduation From To

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**MEDICAL SCHOOL EDUCATION**

Name of University Degree Date of Graduation From To

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**POSTGRADUATE TRAINING:**

**a. Internship:**

Institution	From	To
1.		
2.		
3.		

**b. Surgery:**

Institution	From	To
1.		
2.		
3.		

**c. Other Postgraduate Training:**

Institution	From	To
1.		
2.		
3.		

**CERTIFICATION IN SURGERY:**

Name of Certifying body	Date of Certification	Certificate No:
1.		
2.		

I have been in practice:                      less than 5 yrs.                      More than 5 yrs.

**Colorectal Training Program Details:**

Is training program accredited?    Yes \_\_\_\_\_    No \_\_\_\_\_

**CURRENT HOSPITAL APPOINTMENTS:**

Hospital	City, Country	Staff Position	From	To
1.				
2.				
3.				

**CURRENT ACADEMIC APPOINTMENTS:**

Institution	City, Country	Position	From	To
1.				
2.				
3.				

**MEDICAL SOCIETY MEMBERSHIPS:**

1.
2.
3.
4.
5.
6.

**RESEARCH OR EXPERIMENTAL WORK:**

Subject of Special Work	From	To
1.		
2.		
3.		
4.		

5.

**PUBLICATIONS:**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

**POSSIBLE PRESENTATIONS: (for consideration)**

1.

2.

3.

4.

5.

**HOW WOULD YOU RATE YOUR ENGLISH PROFICIENCY?**

	Spoken	Written
Excellent	<input type="text"/>	<input type="text"/>
Good	<input type="text"/>	<input type="text"/>
Fair	<input type="text"/>	<input type="text"/>

Date:

Signed:

# **The American Society of Colon and Rectal Surgeons**

85 West Algonquin Rd., Suite 550, Arlington Heights, IL 60005

Ph: 847/290-9184 Fax: 847/290-9203 Email: [ascrs@execadmin.com](mailto:ascrs@execadmin.com)

## **CURRENT ACTIVITY PROFILE**

Clinical Practice  %

Teaching  %

Research  %

*Description of Clinical Practice:*

*Description of Current research Work:*

*What benefits I expect from award of the International Fellowship and the opportunity to attend the ASCRS Annual Meeting:*

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_

City, Country, Postal Code: \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address:

---