SHORT COURSE TRAINING IN SKIN LASER SURGERY

Dermatology Department, Faculty of Medicine
Siriraj Hospital, Mahidol University

2 Pran-nok Rd. Bangkoknoi, Bangkok 10700, Thailand

E-Mail: lasersiriraj@gmail.com
Telephone:(662) 419-7000 ext 4333, Fax:(662) 411-5031

(PLEASE PRINT)

NAME:____
Last   First   Middle Initial

SEX: ☐ Female ☐ Male   **DATE OF BIRTH**:_____/____/____
Month Day Year

PLACE OF BIRTH:______________________ **CITIZENSHIP**:_______________________

HOME ADDRESS:____
Street   City

____
Country   Zip Code

PLACE OF EMPLOYMENT:____

WORK ADDRESS:____
Street   City

____
Country   Zip Code

TELEPHONE NUMBERS (Please state country and city codes):

HOME:________________________________ **WORK:**________________________________

FAX NUMBERS (Please state country and city codes):

HOME:________________________________ **WORK:**________________________________

E-MAIL ADDRESS:____

CURRENT MEDICAL POSITION:_____________________________________

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED:

INSTITUTE	LOCATION	DATES ATTENDED	DEGREE

PROFESSIONAL EXPERIENCE:

Before your application can be reviewed, we MUST receive the following:

___ **Completed application including a recent photograph.**

___ **Letter of recommendation from your supervisor, your sponsor, or someone who knows you professionally.**

___ **Personal statement: Attach a second sheet explaining in English why you would like to be a part of the Dermatosurgery Fellowship Training Program. Explain your interest in Dermatology and your career goals.**

___ **Curriculum Vitae**

The Tuition fee for the Dermatosurgery Fellowship Training Program is 50,000 Thai baht. Once you are formally accepted, please make bank draft payable to Dermatology Department, Faculty of Medicine, Siriraj Hospital. Transportation, room, and meals are the responsibility of the candidate.

I declare that all the statements in this form are true.

SIGNATURE:__________________________________DATE:_________________________

Send completed application form along with all other requirements listed above by AIRMAIL to the address printed on first page of application ATTN: Woraphong Manuskiatti, MD, Department of Dermatology, Siriraj Hospital, 2 Pran-nok Road, Bangkok 10700, Thailand.