International Observership Program

Application Form

Name of Applicant:_____

Permanent Address:_____

City:_____ State/Province:_____ Zip/Postal:_____ Country:_____

E-Mail Address:_____ Home Phone:_____ Mobile Phone:_____

US Social Security # (or Passport #):_____ Date of Birth:_____

Current Title/Position:_____

Name and address of Current Employer:_____

Medical/Professional School:_____ Degree/Year Graduated:_____

Institution Where Observership is Requested (List 2 Choices):

1)_____

2)_____

Requested Dates of Observership (List 2 Choices)

1)_____

2)_____

Please Attach:

1) Copy of your current Curriculum Vitae
2) Letter of Support/Recommendation from the Chairman of your department
3) Personal statement indicating the purpose of requesting Observership and how that will help you in your career growth.
4) Completed Form B (attached)
   - Completed application should be submitted electronically to

     info@ifhnos.net

International Observership Program (Form B)

- The form must be filled by every applicant.
- Please answer every question in less than 100 words.
- Applicant should fill only column A. Column B will be filled by the Assessors.
- Applicant should not mention their names anywhere in the form.

Applicant Identification Number -
(To be filled by the IFHNOS secretariat)

	A. Applicant's Declaration	B. Assessor's Score
1	Why do you want us to select you for this observership?	
2	What do you want to learn during your observership?	
3	How is this experience relevant to your home country?	
4	How is this experience relevant to your home institution?	
5	Reasons for choice of the host institution.	
6	How would you practice/disseminate the acquired knowledge upon your return?	
7	Provide a list of your 5 best publications in last 2 years in indexed journals.	
8	Provide a list of 5 best Head Neck Oncology conferences that you have attended in last 2 years.	
9	Narrate your own training / experience in Head Neck Oncology.	
10	Where do you see yourself 5 years from now?	
	Total Score	

Criteria for Scoring –

1 Highly unsuitable	2	3	4	5 Barely suitable	6	7	8	9	10 Highly suitable

Name of the Assessor –
Date -