



## 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](mailto: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)

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

### Criteria for Scoring –

<b>1</b> Highly unsuitable	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> Barely suitable	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b> Highly suitable
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Name of the Assessor –  
Date -