

# **Asian Academy of Dermatology and Venereology**



**APPLICATION FOR FELLOWSHIP TRAINING PROGRAM**

**FAADV (Clinical Dermatopathology)**

1. Title .....

2. Name in Full  
(as in passport / identity card) (In BLOCK letters)

3. Home Address  
.....  
.....

Tel No. .... Mobile No. ....

4. Office Address  
.....  
.....

Tel No. .... Fax No. .... Email .....

5. Preferred mailing address:  Home  Office

6. Date and Place of Birth .....

7. IC No. (Malaysian citizen) .....  
Citizenship and Passport No. (Non-Malaysian citizen) .....

8. Qualifications (Please enclose certified true copies of certificates. Kindly include your Certificate of Specialist Registration)

Degree / Diploma	Institution	Year
.....	.....	.....
.....	.....	.....
.....	.....	.....

9. Present Appointment .....

10. Past Appointments since date of basic degree (Please state nature of position, duration of appointment and name of institution / place of practice)

Date	Appointment	Institution / Place of Practice
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

11. Publications in peer-reviewed journals (Please list publications including name of journal, volume number and date of publication)

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12. Please provide names and addresses of three Referees (Two of whom are Fellows/Members of the AADV and are able to confirm your standing as a practicing specialist)

Name .....

Address .....

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Email .....

Name .....

Address .....

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Email .....

Name .....

Address .....

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Email .....

13. Kindly indicate your proposed schedule of training and attachment to the credentialed training centre (Please refer to list in Prospectus) for the academic year: ..... /.....

Date	Training Centre	Centre	Please state how you will be financed for training: Sponsorship/Scholarship /Self-pay/Employer-paid /Others
From: ..... To: .....	Basic Dermatopatholgy Course		
From: ..... To: .....	3 month Full-time residency training		
From: ..... To: .....	2 <sup>nd</sup> one month posting		
From: ..... To: .....	3 <sup>rd</sup> one month posting		
From: ..... To: .....	Other postings		
From: ..... To: .....	Home-based training		
From: ..... To: .....	Other		

Kindly forward completed form and documents to:

AADV Secretariat

c/o: G-1 Medical Academies of Malaysia, 210 Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia

Tel: 603-4023 4700, 603-4025 4700 Fax: 603- 4023 8100 Email: acadmed@po.jaring.my

Please find enclosed:

(Registration Fee:USD50)

Cheque /Bankers Draft No: .....

Account name: **Asianderm Limited**

Account number: **015-248-40-4003269**

BEA swift code: **BEASHKHH**

Bank Name: **The Bank of East Asia, Limited**

Branch: **BEA Harbour View Centre Branch**

Bank address: **1/F, Bank of East Asia Harbour View Centre, 56 Gloucester Road, Wanchai, HK**

I apply to be a  Fellow  Ordinary Member  
 Associate Member  Candidate Member of AADV

.....  
Date

.....  
Signature

**RECOMMENDATION OF AADV**

The Board of the AADV recommends that .....  
who has fulfilled all the admission criteria be admitted to the FAADV (Dermatopathology) Training Program for the academic year ..... / .....

.....  
Program Chairman

.....  
Program Director

Name .....

Name .....

Date .....

Date .....

**OFFICE USE ONLY**

Verified by Board of AADV on

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.....  
President (AADV)

Approved on

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.....  
Secretary-General (AADV)