

# INSTITUTO DR. PIÑAL Y ASOCIADOS

## FELLOWSHIP APPLICATION

**Date:**

**Surname:**

**Name:**

**Nationality:**

**Birthdate:**

**Address:**

**Email:**

**Cell phone:**

**Fellowship duration for specialist**

1 week ☐

2 weeks ☐

3 weeks ☐

4 weeks ☐

8 weeks ☐

**Title**

MD ☐ PhD ☐ FEBHS ☐ FRACS ☐ EBOT ☐

**Fellowship duration for residents**

4 weeks ☐

8 weeks ☐

**Others:**

**Institution:**

**Fellowship position of 6 months**

January - June ☐

September - February ☐

**Position**

Resident in training ☐

Date residency started ☐

Orthopedic surgeon ☐

Plastic surgeon ☐

>5 year's experience hand surgery ☐

<5 year's experience hand surgery ☐

\*Fellows starting on January will share 2 months with senior fellow

**Preferred dates**

1<sup>st</sup> choice:

2<sup>nd</sup> choice:

3<sup>rd</sup> choice:

### IMPORTANT REMARKS

\*\*\*Applications would not be considered until the "file" document has been sent completely fulfilled including picture

\*\*\*To obtain the certificate of attendance it is mandatory to complete "survey" registry after your visit again with pictures

\*\*\* By submitting this application, you agree and authorize to be included by any means on social media/professional website for communication purposes.