IPS
INTERNATIONAL
PEELING SOCIETY

CONFIRMATION OF **RESIDENT STATUS**

Please complete this document in its entirety andreturn it to the IPS Secretarial Office.

DATE

HEREWITH WE CONFIRM THAT

DEGREE / TITEL

DATE OF BIRTH

FIRST NAME / MIDDLE INITIAL

LAST NAME

ADDRESS

CITY

ZIP

STATE

COUNTRY

TELEPHONE

FAX

EMAIL

DOES THE RESIDENCY PROGRAM IN OUR CLINIC / PRACTICE / INSTITUTE.

CLINIC / PRACTICE / INSTITUTE

HEAD OF DEPARTMENT

ADDRESS

CITY

ZIP

STATE

COUNTRY

TELEPHONE

FAX

EMAIL

SINATURE – RESIDENT (IPS APPLICANT)

SIGNATURE, STAMP – CLINIC / PRACTICE / INSTITUTE