Formular drucken | Per E-Mail senden

CONFIRMATION OF RESIDENT STATUS

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

IPS INTERNATIONAL PEELING SOCIETY

DATE

Herewith we confirm that

DEGREE/TITEL

DATE OF BIRTH

FIRST NAME/MIDDLE INITIAL

LAST NAME

ADDRESS

CITY

ZIP

STATE

COUNTRY

TELEPHONE/E-MAIL

does the residency program in our clinic/practice/institute.

CLINIC/PRACTICE/INSTITUTE

HEAD OF DEPARTMENT

ADDRESS

CITY

ZIP

STATE

COUNTRY

TELEPHONE

FAX

EMAIL

Signature
Resident (IPS applicant)

Signature, Stamp
Clinic/Practice/Institute