**CAOS International Traveling Fellowship**

**[Family Name, Given Name]**

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| **Personal Information** |
| **Date of Birth** |  | **Place of Birth** |  |
| **Current Institute and Position** |  |
| **Contact Information** |
| **Tel** |  | **Mobile** |  |
| **Fax** |  | **Email** |  |
| **Mailing Address** |  |
| **Self-Evaluation** |
| **Please specify your specialty, area of interest, future career plan and other information that you think is relevant** |
| **Work Experience** |
| **YYYY/MM – YYYY/MM** | **Institution****City, Country****Position****(Job Description)** |
| **Educational Background** |
| **YYYY/MM – YYYY/MM** | **Name of the School****City, Country****Major/Specialty Degree(bachelor/master/doctoral/post-doctoral)****(Study Description)** |
| **Training Background (Continuing Medical Education & Fellowship Study)** |
| **YYYY/MM – YYYY/MM** | **Name of the Institute****City, Country** **(Study Description)** |
| **Professional Skills** |
| **Foreign Language:**English: Listening: Native/Fluent/Good/Basic Speaking: Native/Fluent/Good/BasicReading: Native/Fluent/Good/Basic Writing: Native/Fluent/Good/BasicOthers – please specify the language kindListening: Native/Fluent/Good/Basic Speaking: Native/Fluent/Good/BasicReading: Native/Fluent/Good/Basic Writing: Native/Fluent/Good/Basic**Clinical Skills:** (Description) |
| **Researches & Publications** |
| **Please specify researches and publications that you think is relevant** |
| **Membership and Organization Participation** |
| **Name of the Organization****Membership Level****Time Period** |

**Personal Statement**

*I hereby confirm that the information provided herein is true, and I will be taking the legal responsibility if it is not.*

**Signature of Applicant**

**Date of Application**

**CAOS海外访问学者项目**

**[姓 名]**

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| --- |
| **个人信息** |
| **生日** |  | **出生地** |  |
| **单位及职位** |  |
| **联系方式** |
| **固话** |  | **手机** |  |
| **传真** |  | **邮箱** |  |
| **通信地址** |  |
| **自我评价** |
| **请简单介绍您的专长、所感兴趣的学术领域、未来的职业发展规划及其他您认为与此次申请相关的信息** |
| **工作经历** |
| **年/月 –年/月** | **机构****所处国家及城市****任职****（工作描述）** |
| **教育背景** |
| **年/月– 年/月** | **学校名称****所处国家及城市****专业/专长 学历（学士/硕士/博士/博士后）****（学习描述）** |
| **培训背景（医学继续教育及访问学者学习等）** |
| **年/月 – 年/月** | **学校名称****所处国家及城市****所获相关证书****（学习描述）** |
| **专业技能** |
| **外语能力：**英语听：精通/流利/普通/入门 说：精通/流利/普通/入门读：精通/流利/普通/入门 写：精通/流利/普通/入门其他外语 – 请写明语种听：精通/流利/普通/入门 说：精通/流利/普通/入门读：精通/流利/普通/入门 写：精通/流利/普通/入门**临床技能：** （技能描述） |
| **研究成果及学术发表** |
| **请就和此次申请相关之研究成果及学术发表进行简要描述** |
| **组织及社会任职** |
| **所处组织名称****身份级别****任职时间** |

**个人声明**

*本人承诺：所提供的个人信息和证明材料真实准确，对因提供有关信息、证件不实或违反有关规定造成的后果，责任自负。*

**申请人签名**

**申请日期**