**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/Basic  Reading: Native/Fluent/Good/Basic Writing: Native/Fluent/Good/Basic  Others – please specify the language kind  Listening: Native/Fluent/Good/Basic Speaking: Native/Fluent/Good/Basic  Reading: 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]**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**