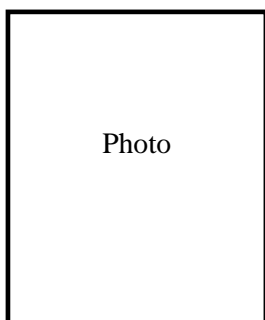




APPLICATION FOR ADMISSION
AAMS Education and Training Program

I. Applicant Information



Disciplines applying for (prioritized by number):

- Clinical Chemistry
- Hematology
- Histopathology
- Immunology
- Laboratory Accreditation
- Laboratory Management
- Microbiology
- Molecular Biology
- Transfusion Science
- Other _____

Last name _____ First name _____ Middle name _____ Title _____
 Mr. Mrs. Ms.

Nationality _____ Place of birth _____ Date of birth (yyyy/mm/dd) _____ Passport No. _____
 _____ / _____ / _____

Home address _____

E-mail address _____

II. Contact of the head of the laboratory

Full name _____ Tel No. _____

Address _____

E-mail address _____

III. Previous employment or experience

1. _____

2. _____

Contact person: LEE, Tae-bok, Education and Laboratory Twinning Committee of AAMS. taebox@hanmail.net

Tel:+82-10-57120525 Fax:+82-0504-080-0525

- 3. _____
- 4. _____
- 5. _____

IV. English language proficiency, put “√” in the proper box

Ability	Listening	Speaking	Reading	Writing
Good				
Average				
Poor				

V. Description of the current status of the laboratory and the reason(s) of disciplines selected:

VI. Expectation from the Education Training Program: please explain the benefit and what you expect to bring back for improvement of your laboratory

VII . Please also attach your CV and the recommendation letter from the Head of the Laboratory with the Head signature (separated page)

VIII. Confirmation of member status at your national professional association

President of National Association signature

Date

Applicant’s signature _____ **date** _____

-----【For office use only】-----

Contact person: LEE, Tae-bok, Education and Laboratory Twinning Committee of AAMLS. taebox@hanmail.net

Tel:+82-10-57120525 Fax:+82-0504-080-0525

Comment : Agreed Disagreed , Reason : _____

President of KAMT signature : _____

President of AAMLS signature : _____