

# International Cancer Expert Corps

70 East 96<sup>th</sup> Street, Ste#11A, New York, NY10128  
 1599 NW 9<sup>th</sup> Ave,Ste#201, Boca Raton, FL 33486



APPLICATION TO BECOME AN ICEC EXPERT									
Last Name			First		M.I.				
Name of Institution / Organization					Position				
Active Practice		Semi Retired			Retired				
Street Address					Suite /Unit #				
City		State / Province		Zip/Postal Code		Country			
Phone			Fax			E-Mail			
Languages: English		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other ( Please Specify):					
French		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Spanish		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
German		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
EDUCATION/TRAINING									
Name of Medical or Graduate School:									
Degree:				Date Awarded					
Post Graduate Training: (Location) :									
Degree / Certification Awarded:				Date Awarded					
PROFESSIONAL EXPERIENCE									
<b>Academic Experience:</b>									
Name of the Institution(s):									
Years of Service and Rank:									
<b>Experience in Private Practice:</b>									
Name of the Organization:									
Years of Experience and Responsibility:									
<b>International Experience: (Health- Medical)</b>									
Name of the Organization:									
Years of Experience and Responsibility(Health/Medical Fields)									
<b>International Experience / Travel</b>									
List Regions of Interest:									

