## **International Cancer Expert Corps**

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



		API	PLICATI	ON TO B	ECOME A	AN ICEC EXPERT				
Last Name				First			M.I.			
Name of Institution / Organization							Position			
Active Practice		Semi Retired					Retired			
Street Address							Suite /Unit #			
City State /		State / Province	e Zip/Po:		stal Code		Country			
Phone			Fax				E-Mail			
Languages: English		Y	res 🔲	NO 🗌	Other ( F	Please Specify):				
French		Υ	res 🗌	NO 🗌			1			
Spanish			res 🗆	NO 🗌						
German			res 🗌	NO 🗌						
EDUCA	TION/TRAINING									
Name of	Medical or Graduate School	ol:								
Degree:						Awarded				
Post Grad	duate Training: (Location)	:								
Degree / Certification Awarded:			Date Awarded							
PROFE	SSIONAL EXPERIENC	E								
Academ	ic Experience:									
Name of	the Institution(s):									
Years of	Service and Rank:									
Experie	nce in Private Practice:									
Name of	the Organization:									
Years of	Experience and Responsib	ility:								
Interna	tional Experience: (Heal	th- Medical)								
Name of	Name of the Organization:									
Years of	Years of Experience and Responsibility(Health/Medical Fields)									
International Experience / Travel										
List Regions of Interest:										

REASON FOR INTEREST IN WORKING WIT	TH ICEC		
AREA(S) IN WHICH YOU WOULD LIKE TO	CONTRIBUTE / SUPPORT:		
Medical (Area of Specialization):			
Science -Non-Medical: (Specify Field):			
Other Professional Support:			
Expected time Devoted to ICEC (Hours per Week – M	inimum 4hrs/week)		
Potential Duration of Support:			
2 Years: 3 Yea	rs	4 Years	
SUGGESTED INITIATIVES FOR ICEC TO CO	MCTDED:		
SUGGESTED INTITIATIVES FOR ICEC TO CO	MSIDER.		
SIGNATURE OF THE APPLICANT:			
SIGNATURE OF THE APPLICANT: DATE:			
DATE:			
DATE:  REVIEW BY EXPERT COMMITTEE:	REJECTED:	PROVISIONAL:	
DATE:  REVIEW BY EXPERT COMMITTEE:  APPLICATION REVIEWED BY (NAME):	REJECTED:	PROVISIONAL:	
DATE:  REVIEW BY EXPERT COMMITTEE:  APPLICATION REVIEWED BY (NAME):  ACCEPTED:	REJECTED:	PROVISIONAL:	
DATE:  REVIEW BY EXPERT COMMITTEE:  APPLICATION REVIEWED BY (NAME):  ACCEPTED:  SIGNATURE:  DATE:	REJECTED:	PROVISIONAL:	
DATE:  REVIEW BY EXPERT COMMITTEE:  APPLICATION REVIEWED BY (NAME):  ACCEPTED:  SIGNATURE:  DATE:  EXPERT LEVEL TO BE ASSIGNED:	REJECTED:	PROVISIONAL:	
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DATE:  REVIEW BY EXPERT COMMITTEE:  APPLICATION REVIEWED BY (NAME):  ACCEPTED:  SIGNATURE:  DATE:  EXPERT LEVEL TO BE ASSIGNED:  SENIOR EXPERT:  JUNIOR EXPERT:  EXPERT-IN-TRAINING:		PROVISIONAL:	
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