International Cancer Expert Corps

1608 Rhode Island Avenue, NW, Suite 243, Washington, DC 20036 70 East 96th Street, Suite 11A New York, NY 10128



			A	PPLICAT:	ION TO	BEC	OME A	AN ICEC EXPER	Т			
Last Nam	ne				First				M.I.			
Name of	Institut	ion / Organization							Position	on		
Active Practice			Semi Retired						Retire	ed .		
Street Ad	ldress								Suite	/Unit #		
City		State / Province				Code		Count	try			
Phone				Fax			E-Mai	il				
Languages: English				YES NO			her (F	Please Specify):				
French				YES NO								
Spanish				YES 🗌	NO 🗆							
German				YES	NO 🗌							
EDUCA	TION	TRAINING										
Name of	Medica	or Graduate School	ol:									
Degree:				Date Awarded								
Post Grad	duate T	raining: (Location)	:									
Degree / Certification Awarded:				Date Awarded								
PROFES	SSION	IAL EXPERIENC	Œ									
Academ	ic Expe	erience:										
Name of	the Ins	titution(s):										
Years of	Service	and Rank:										
Experie	nce in	Private Practice:										
Name of	the Org	janization:										
Years of	Experie	nce and Responsibi	ility:									
Interna	tional I	Experience: (Heal	th- Medica	ıl)								
Name of	the Or	ganization:										
Years of	Experie	nce and Responsibi	ility(Health	n/Medical Fi	elds)							
Interna	tional I	Experience / Trav	/el									
List Region	ons of I	nterest:										

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 INTITATIVES 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:	
DATE: REVIEW BY EXPERT COMMITTEE: APPLICATION REVIEWED BY (NAME): ACCEPTED: SIGNATURE: DATE:	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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