

Membership Application الأكاديمية العلمية لعلم الأمراض – الفرع العربي

International Academy of Pathology – Arab Division

1. Last Name:	First Name:	Middle Name:
Birth Place (City/State/Zip):		
Birth Date (MM/DD/YYYY):		

2. *(Please check preferred mailing address)*

Office or Institution Address

Home Address

Office or Institution Address
Phone
E-mail
FAX

Home Address
Phone
E-mail
FAX

Education

3. **Medical Education**

School:	
City:	State:
Degree:	Year Graduated:

4. **Other Advanced Academic Degrees:** *(e.g. PhD, MPH, MBA) (If Applicable)*

Degree:	Year Graduated:
Degree:	Year Graduated:

5. **Post Graduate Pathology Training:** *(provide program, address, director and dates; include fellowships by indicating F)*

Program	City/State	Director	From (mo/yr)	To (mo/yr)
Program	C/S	Director	F: T:	
Program	C/S	Director	F: T:	
Program	C/S	Director	F: T:	

6. **Post Graduate Training Other Than Pathology:** *(provide program, address, director and dates; include fellowships by indicating F) (if applicable)*

Program	City/State	Director	From (mo/yr)	To (mo/yr)
Program	C/S	Director	F: T:	
Program	C/S	Director	F: T:	
Program	C/S	Director	F: T:	

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International Certification in Pathology (e.g. American Board, Royal College)

7. Date (if applicable):

Date:

Professional Experience

8. List in chronological order all practice-related appointments since completion of training:

Institution	City/State	Specialty	From (mo/yr)	To (mo/yr)
Institution	C/S	Specialty	F:	T:
Institution	C/S	Specialty	F:	T:
Institution	C/S	Specialty	F:	T:

9. Teaching Appointments: (Past and Present) (if applicable)

Title	School	City/State	From (mo/yr)	To (mo/yr)
Title	School	C/S	F:	T:
Title	School	C/S	F:	T:

10. Membership in medical societies including past and present offices held (please list)

Membership
in
Medical
Societies

11. Professional Interest

Professional
Interest

Certification of Membership

To the best of my knowledge, the information I have provided in this membership application is accurate. I authorize the release of information relevant for my membership in the **Lebanese Society of Pathology** by the Lebanese Order of Physician Data Bank. I agree to hold the **Lebanese Society of Pathology**, its members, officers and representatives free from any damage or complaint by reason of any action they take in connection with this application.

Signature:

Date: