

# FELLOWSHIP EXAMINATION IN DERMATOPATHOLOGY 2015

**FAADV (Dermatopathology)**



**20<sup>th</sup> November 2015**

National Taiwan University Hospital, Taipei  
NTUH, International Convention Center, Room 405

Enquiries/Registration

URL: [www.asianderm.org](http://www.asianderm.org) Email: [secretariat@asianderm.org](mailto:secretariat@asianderm.org)

This examination is open to qualified dermatologists and pathologists as follows:

1. Candidates who have completed the FAADV (Dermatopathology) Course and/or
2. Candidate certified to have equivalent training as approved by the Examination Board and certified by the Censor-in-Chief.

1. Name in Full

(as in passport / national registration identity card)

(In BLOCK letters)

2. Home Address

Tel No.

3. Office Address

Tel No.

Fax No.

Handphone

Email

4. Date and Place of Birth

5. Passport or National Registration Identity Card Number

6. Academic Qualifications

Degree / Diploma

Institution

Year

7. Present Appointment

8. Details of schedule of training in dermatopathology:

**i: FAADV (Dermatopathology) Course**

From: ..... To: .....

Position .....

Institution .....

**ii: Other Dermatopathology Training**

From: ..... To: .....

Position .....

Institution .....

From: ..... To: .....

Position .....

Institution .....

From: ..... To: .....

Position .....

Institution .....

9. Please provide names and addresses of three Referees (Two of whom are Fellows / Members of the AADV and are able to confirm your standing as a practicing specialist)

Name .....

Address .....

.....

..... Email .....

Name .....

Address .....

.....

..... Email .....

Name .....

Address .....

.....

..... Email .....

All candidates are required to submit the following to the Secretariat:

- i. Completed application form
- ii. Certified dermatopathology training log book
- iii. Certified copy of specialist registration
- iv. Cheque or bank advice of telegraphic transfer of examination fees

Closing Date: **20<sup>th</sup> October 2015**

**Secretariat AADV**

G-1 Medical Academies of Malaysia, 210 Jalan Tun Razak, 50400 Kuala Lumpur

Tel: +603 40234700, 40254700

Fax: +603 40238100

Email: [secretariat@asianderm.org](mailto:secretariat@asianderm.org)

Examination Fees: USD300 (All forms and payment must be in by 20<sup>th</sup> October 2015.)

Kindly issue payment in the name of Asian Academy of Dermatology and Venereology. Payment can be made via telegraphic transfer to the following bank account:

Account name: **Asianderm Limited**

Bank Name: **The Bank of East Asia, Limited**

Account number: **015-248-10-400675-3**

BEA swift code: **BEASHKHH**

Branch: **BEA Harbour View Centre Branch**

Bank address: **1/F, Bank of East Asia, Harbour View Centre, 56 Gloucester Road, Wanchai, HK**

.....  
Date

.....  
Signature

**RECOMMENDATION OF AADV EXAMINATION BOARD**

The Examination Board of the AADV recommends that .....  
has fulfilled the training requirements for the examination for FAADV (Dermatopathology) for the  
academic year ..... / .....

**OFFICE USE ONLY**

.....  
Verified by Examination Board of AADV

.....  
CHAIRMAN

.....  
Approved on

.....  
CENSOR-IN-CHIEF