



Application for Educational Training and External Examination of Doctoral Dissertation (PhD Thesis)

For Office Use Only

Phone: 1-917-740-3053
E-mail: info@imrdcorp.org

Order # P - _____
Date rec'd _____
Checked in by _____
Date due _____

Personal Information

First Name _____

Last Name _____

Birth date (M/D/Y) _____

Gender

- Female Male

Primary language _____

Phone (area code & number) (_____) _____

E-mail _____

Mailing Address: _____
Number Street Apt. #

City & State Zip or Postal Code Country

Please check (x) all that apply

- Physician Intern Resident Graduate Student

- Postdoc Other

Required Service

Type of Service Requested:

- On-line seminars Educational Training
 External Examination of Doctoral Dissertation (PhD Thesis)
 Review and Editing of Research Paper Other

Type of Speciality Requested:

- Allergy&Immunology Cardiology Cardiac Surgery
 Colon&Rectal Surgery Dental Medicine Diabetes
 Dermatology Endocrinology Gastroenterology
 Gastroenterology Gastrointestinal Surgery Gynecology
 Hematology Nephrology Neurology Neurosurgery
 Oncology Ophthalmology Pulmonology Pediatrics
 Plastic surgery Rheumatology Thoracic Surgery
 Oncology Urology Vascular Surgery Other

Special Information

Name (printed) _____

Signature _____ Date _____