Application for Fellowship (FAcadTM)

This form should be completed by the applicant in order to evaluate your ATMP fellowship application. Completed form can be submitted to the Academy via email at atmp@eutranslationalmedicine.org or via post.

Fellowship applications are open to highly experienced professionals who have a record of significant achievements in benchside, bedside or community health fields. Eligible disciplines include cellular & molecular biology, genetics, microbiology & immunology, pharmacy, veterinary sciences, drug discovery & development, biophysics & engineering, stem cells & regenerative medicine, public health & epidemiology, data mining & management, biomarkers and clinicians. Successful applicants are typically department heads/chairs and senior academics (full, associate and assistant professors), directors and senior executives with relevant experience. Fellows in the Academy are recognized for demonstration of significant efforts to advance the translational medicine and mission of ATMP. Successful professionals may receive Fellowship certificates at annual congress of the European Society for Translational Medicine (EUSTM)

Section 1: Personal Details					
Title:					
Family Name:					
Forename(s):					
Main Area of Involve	ement:	Benchside	Bedside	Community Healthcare	All of Them
EUSTM Membership	<i>:</i>	Yes	No		
Address:					
City/Zip:				Country:	
Phone:		Mobile:		E-Mail:	
Section 2: Expertise Areas/Disciplines					
No. I					
No. 2					
No. 3					

Section 3:

Academic Record

Highest Qualification No.1:

Degree No.2 (if any):

Degree No.3 (if any):

Degree No.4 (if any):

Professional Experience (Last 5 years)

Current Position

Current Position (if any)

Previous position (if any)

Previous position (if any)

Previous position (if any)

Section 4:

Publications

Total number of publications including Books, Book chapters (approx):

Talks/Presentations/Posters/Courses

Number of oral talks/presentations at int. congresses (approx):

Number of posters at int. congresses (approx):

Number of courses/workshops supervised (approx):

Five most recent Projects/Grants personally supervised

Title of No. 1

Title of No. 2

Title of No. 3

Title of No. 4

Title of No. 5

Memberships (Professioanl/Scientific/Medical organziations) No.1 No.2 No.3 No.4 No.5 No.6 Awards/ Achievements/Honors /Other Fellowships No.1 No.2 No.3

Section 6: Fellowship Support Statement

Section 5:

No.5

Please describe why should be considered for the fellowship (motivation, interest and involvement in the TM) etc.(Maximum 300 Words)

First Referee Name: Job Title: Organization: City/Zip: Country: Phone: E-Mail: Second Referee Name: Job Title: Organization:

Section 8: Declaration & Check List

City/Zip:

Address:

Phone:

I have attached the CV with this form including Publications & Grants/Projects lists.

I allow the academy to contact the referees mentioned in the form.

If shortlisted for category two, I would like to appear for Fellowship Qualifying Exam held at EUSTM-2017 Congress on

19th Oct, 2017, in Berlin, Germany.

I confirm that information provided in the form and in my CV are accurate.

I will obey the Academy's polices, rules and regulations.

Signature Date

Please return the completed form to:

By E-Mail: atmp@eutranslationalmedicine.org **By Post:** ATMP, European Society for Translational
Medicine, Schwindgasse 4/7, 1040, Vienna, Austria

Tel: +43 1 8923 562 Fax: +43 1 8923 562

Country:

E-Mail:

Web: http://eutranslationalmedicine.org/facadtm