



**INTERNATIONAL FEDERATION
OF MEDICAL STUDENTS' ASSOCIATIONS
STANDING COMMITTEE ON PROFESSIONAL EXCHANGE
APPLICATION FORM**



Family name :
 First name :
 Nationality :
 Sex :
 Date of birth : __/__/____
 Passport number : _____ Valid until : __/__/____
 Medical School :
 Medical student since : Clinical student since :
 Expected day of graduation : __/__/____
 Native language :
 Other languages :
 Street & Number :
 City & Postcode :
 Region & Country :
 Phone : _____ Fax : _____ Cellular : _____
 Email :

AF number
042479

NEO stamp

Desired Country : Brazil (IFLMS)

Desired Cities

1.
2.
3.

Desired Department	Field studied	Exam passed
1.		
2.		
3.		
4.		

Duration : weeks from __/__/____ to __/__/____

Type of clerkship :

Would like to be placed with :

Health insurance coverage for the exchange period :

Info for Exchange Officers

Origin NMO	SISM (Italy)	Contract signed	03-09-2007
Origin LC	Roma Tor Vergata	Contract Type	Bilateral
Hosting NMO	IFLMS (Brazil)	AF sent on	---
Hosting LC		CA sent on	---

Sponsor area