

## WORLD REFERENCE CENTER FOR NEUROPELVEOLOGY

Director: *Prof. Prof. hc Dr. med. M. Possover*

### Application form for visiting surgeon

<b>Last Name</b>	<b>First name</b>
<b>Date of birth (dd/mm/yyyy)</b>	<b>Nationality</b>
<b>Desired period for visiting</b>	
<b>Current address</b>	<b>Current employer</b>
<b>eMail</b>	<b>Phone (landline or cellular)</b>
<b>I am/have</b> <input type="checkbox"/> A medical doctor (no training in laparoscopic surgery so far) <input type="checkbox"/> Completed residency in gynecology or laparoscopic surgery <input type="checkbox"/> Specialist in laparoscopic retroperitoneal surgery ( ), oncology ( ) or in DIE-surgery ( )	
<b>Sponsorship</b>	<b>Specify sponsor</b>
<input type="checkbox"/> Private <input type="checkbox"/> Governmental <input type="checkbox"/> Organizational	
<b>Attachment checklist (*: obligatory)</b> <input type="checkbox"/> Application form (this form) * <input type="checkbox"/> Curriculum vitae * <input type="checkbox"/> Application photo <input type="checkbox"/> A copy of your medical diploma * <input type="checkbox"/> A copy of your passport or ID * <input type="checkbox"/> Confirmation of sponsorship <input type="checkbox"/> Letter(s) of recommendation, if available	
<b>Date</b>	<b>Signature</b>

**Appointments are scheduled out of our  
Zürich location**

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