



## World Stomatological Organization

### FELLOW APPLICATION FORM

#### INSTRUCTIONS

1. **FIRST** save a copy of this form to your computer. Select “SAVE” or “SAVE AS” from the Menu Bar and save as “YOUR LAST NAME\_WSO FAF”.
2. Fill out the form completely. It is important that each item is answered to insure full and fair evaluation. Everything is important. Let others decide what is valid.
3. **Save & Send the file to your Sponsor as an email attachment.**

Full Name

Contact No. (WA)

E-mail Address

Date of Birth

MM

DD

YYYY

Place of Birth

City

Country

Address

City

Country

ZIP Code

Social Media Address

Facebook

Twitter

Instagram

Linked-in

## EDUCATION BACKGROUND

<b>Pre-Dental Education</b>	<b>Name of Institution</b>	<input type="text"/>		
	<b>Degree</b>	<input type="text"/>	<b>Year</b>	<input type="text"/>
<b>Dental Education</b>	<b>Name of Institution</b>	<input type="text"/>		
	<b>Degree</b>	<input type="text"/>	<b>Year</b>	<input type="text"/>
<b>Advanced Education</b>	<b>Name of Institution</b>	<input type="text"/>		
	<b>Area of Concentration</b>	<input type="text"/>		
	<b>Degree or Certificate</b>	<input type="text"/>	<b>Year</b>	<input type="text"/>
<b>Honorary Degree(s)</b>	<b>Name of Institution</b>	<input type="text"/>		
	<b>Degree</b>	<input type="text"/>	<b>Year</b>	<input type="text"/>

**CAREER TYPE**(Give ✓ to the appropriate choice **OR** Write down if it is not one of the choices)

<b>Practice</b>	<input type="checkbox"/>	<b>Active</b>	<input type="checkbox"/>	<b>Retired</b>	<input type="checkbox"/>	<b>None</b>
<b>Education</b>	<input type="checkbox"/>	<b>Active</b>	<input type="checkbox"/>	<b>Retired</b>	<input type="checkbox"/>	<b>None</b>
<b>Research</b>	<input type="checkbox"/>	<b>Active</b>	<input type="checkbox"/>	<b>Retired</b>	<input type="checkbox"/>	<b>None</b>
<b>Military</b>	<input type="checkbox"/>	<b>Active</b>	<input type="checkbox"/>	<b>Retired</b>	<input type="checkbox"/>	<b>None</b>
<b>Public Health</b>	<input type="checkbox"/>	<b>Active</b>	<input type="checkbox"/>	<b>Retired</b>	<input type="checkbox"/>	<b>None</b>
<b>Other</b>	<input type="text"/>					

**YEARS IN CAREER**

<b>Practice</b>	<b>Start</b>	<input type="text"/>	<b>Until</b>	<input type="text"/>	
<b>Education</b>	<b>Start</b>	<input type="text"/>	<b>Until</b>	<input type="text"/>	
<b>Research</b>	<b>Start</b>	<input type="text"/>	<b>Until</b>	<input type="text"/>	
<b>Military</b>	<b>Start</b>	<input type="text"/>	<b>Until</b>	<input type="text"/>	
<b>Public Health</b>	<b>Start</b>	<input type="text"/>	<b>Until</b>	<input type="text"/>	
<b>Other</b>	<b>Start</b>	<input type="text"/>	<b>Until</b>	<input type="text"/>	
<b>Military Service</b>	<b>Branch</b>	<input type="text"/>		<b>Year</b>	<input type="text"/>
	<b>Federal Dental Speciality</b>	<input type="text"/>			
<b>Speciality Status</b>	<b>Speciality</b>	<input type="text"/>		<b>Year</b>	<input type="text"/>
	<b>Board Certification</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Hospital Appointments</b>	<b>Position</b>	<input type="text"/>		<b>Year</b>	<input type="text"/>
	<b>Institution</b>	<input type="text"/>			

**DENTAL ORGANIZATIONAL MEMBERSHIP (Official Positions Held / Honors Received, etc)**

<b>Organization - 1</b>	<input type="text"/>			
	<b>Position</b>	<input type="text"/>	<b>Year</b>	<input type="text"/>
<b>Organization - 2</b>	<input type="text"/>			
	<b>Position</b>	<input type="text"/>	<b>Year</b>	<input type="text"/>
<b>Organization - 3</b>	<input type="text"/>			
	<b>Position</b>	<input type="text"/>	<b>Year</b>	<input type="text"/>

## OTHER PROFESSIONAL CONTRIBUTIONS

(Give ✓ to the appropriate choice & Kindly list down all the details OR You may mark NONE in applicable areas)

### A. Academic Appointments

YES

NO

1. Institution			
Area / Subject			
Position		Year	
2. Institution			
Area / Subject			
Position		Year	
3. Institution			
Area / Subject			
Position		Year	
4. Institution			
Area / Subject			
Position		Year	
5. Institution			
Area / Subject			
Position		Year	

### B. Professional Lectures / Presentations

(Summarize lecture activities or list five (5) most significant)

YES

NO

1.	
2.	
3.	
4.	
5.	

**C. Publications**

(List five (5) examples you consider significant & representative)

YES  NO

1. Title

[Text input field]

Journal

[Text input field]

Year

[Text input field]

2. Title

[Text input field]

Journal

[Text input field]

Year

[Text input field]

3. Title

[Text input field]

Journal

[Text input field]

Year

[Text input field]

4. Title

[Text input field]

Journal

[Text input field]

Year

[Text input field]

5. Title

[Text input field]

Journal

[Text input field]

Year

[Text input field]

**D. Research**

(List five (5) examples you consider significant & representative)

YES  NO

1. Project

[Text input field]

Funding

[Text input field]

Year

[Text input field]

2. Project

[Text input field]

Funding

[Text input field]

Year

[Text input field]

3. Project

[Text input field]

Funding

[Text input field]

Year

[Text input field]

4. Project

[Text input field]

Funding

[Text input field]

Year

[Text input field]

**COMMUNITY & NON DENTAL ORGANIZATIONAL ACTIVITIES**

(Give ✓ to the appropriate choice & Kindly list down all the details **OR** You may mark **NONE** in applicable areas)

**A. Public Health or Public Welfare**

(e.g.: Volunteer work, General, Government Agencies, Social, etc.)

YES  NO

1.

2.

3.

4.

5.

**B. Civic**

(e.g.: Political, Social, Economic, Community Planning, Educational, etc.)

YES  NO

1.

2.

3.

4.

5.

**C. Religious Activities**

YES  NO

1.

2.

3.

4.

5.

**D. Other evidence of concern for needs of others**

(e.g.: Youth, Indigent, Handicapped, Aged, etc.)

YES  NO

1.

2.

3.

4.

5.

**HUMANITIES ACTIVITIES** (Contribution to / involvements in Literature / Arts / Music / etc)

1.
2.
3.
4.
5.

**OTHER ACTIVITIES** (Travel / Hobbies / Recreation, Athletics / Interests / Music / Acting / etc)

1.
2.
3.
4.
5.

**REFEREE / SPONSORS**

<b>Name</b>	<input type="text"/>		
<b>E-mail Address</b>	<input type="text"/>		
<b>Region</b>	<input type="text"/>	<b>Number</b>	<input type="text"/>