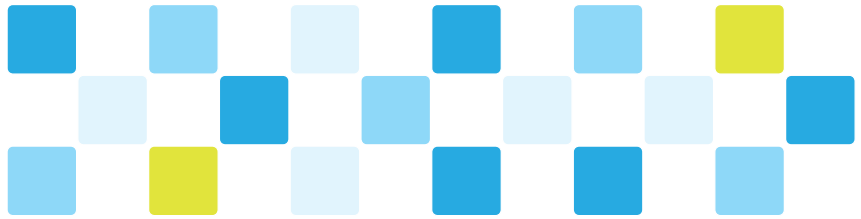




ISPAD

International Society for Pediatric and Adolescent Diabetes



ISPAD TUTOR APPLICATION FORM

Personal details:

Mr.

Ms.

Mrs.

Dr.

Prof.

First name: _____

Last name: _____

Institution: _____

Dept./Position: _____

Street/PO. Box: _____

Postal code: _____

City: _____

Country: _____

E-mail: _____

Phone: _____

Mobile: _____

Which course(s) would you like to tutor?

PETCA Course

PETCWA Course

Other Post Graduate course: _____

Are you an ISPAD Member*:

Yes

No

Does your institution utilize the ISPAD Clinical Practice Consensus Guidelines?

Yes

No

Languages spoken: _____

Previous experience in Teaching Courses: _____

Main areas of specialization (e.g. technology, complications): _____

Motivation to participate: _____

CV Provided: _____

Yes

No

*This is normally a prerequisite for applying