



THE AMERICAN SOCIETY OF NEPHROLOGY

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2009 ASN-SLANH PROGRAM APPLICATION FORM

PLEASE INDICATE YOUR TYPE OF NEPHROLOGY PROGRAM: ADULT PEDIATRICS

APPLICANT _____
FIRST MIDDLE LAST

MAILING ADDRESS _____

CITY _____ COUNTRY _____ POSTAL CODE _____

DAYTIME PHONE _____ FAX _____

EVENING PHONE _____ EMAIL _____

SOCIAL SECURITY NUMBER (IF APPLICABLE) _____

NAME OF TRAINING PROGRAM _____ DIRECTOR'S NAME _____

DATE NEPHROLOGY TRAINING WAS COMPLETED/WILL BE COMPLETED _____

ENGLISH PROFICIENCY: POOR FAIR GOOD VERY GOOD EXCELLENT

OTHER LANGUAGES SPOKEN (PLEASE LIST) _____

PLEASE RANK YOUR PREFERRED PROGRAMS OR CITIES BELOW:

<i>PROGRAMS</i>	<i>CITIES</i>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

SPECIAL CIRCUMSTANCES WE SHOULD KNOW ABOUT: _____

PLEASE INCLUDE WITH THIS FORM A **STATEMENT OF PURPOSE** INDICATING WHY YOU WANT TO TAKE PART IN THIS PROGRAM. PLEASE BE SURE TO INDICATE HOW YOUR OWN GOALS WILL BE ACHIEVED WITH THIS PROGRAM AND NOTE WHAT IMPACT YOU BELIEVE THIS EXPERIENCE MAY HAVE ON YOUR CAREER. THIS STATEMENT MUST BE WRITTEN IN ENGLISH AND SHOULD NOT EXCEED 3 PAGES OR ~1500 WORDS.

APPLICATION DEADLINE – **MONDAY, JUNE 15, 2009**

PLEASE RETURN THIS FORM TO THE SLANH SECRETARIAT: ALFONSO CUETO-MANZANO, MD, PHD
E-MAIL: a_cueto_manzano@hotmail.com