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| Mandatory  Photo in jpeg format  **UAA Youth Section Fellowship Program 2020 Application Form**  **Please return this form in WORD Format Only** | |
| **Full Name (underline surname)**  **(to appear in the Certificate of Attendance)** |  |
| **Academic position and Institution** |  |
| **Mailing Address including City** |  |
| **Country** |  |
| **Email address** |  |
| **Urology degree, year** |  |
| **Do you train residents?** |  |
| **National/regional Urology Association and membership number:** |  |
| **(Mandatory for qualification)**  **Title of abstract submitted:** |  |

**Education**

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| **Degree** | **Year Joined** | **Year Finished** | **Institution** |
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**Employment**

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| **Position** | **Institution** | **Year Joined** | **Year Finished** |
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**Awards/Honors/Fellowships**

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**Publications in *Pubmed*® indexed journals** *(Please give full citation and underline your name)*

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**Conferences/workshops attended**

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**Please write a minimum 500 word essay on why you wish to avail of this fellowship.**

**(Mandatory for qualification)**