



Aus- & Weiterbildung – Schulungen – Prüfungsvorbereitungen – Zertifizierungsvorbereitungen
Vorbereitung auf Kenntnisprüfungen, Integration und berufliche Anpassung für ausländische Ärzte

FORUM AUSLÄNDISCHE ÄRZTE IN DEUTSCHLAND
der EU-AKADEMIE ARBEIT & SOZIALES EWIV
Im Eichelkamp 5 – D-52249 Eschweiler

REGISTRATION FORM

Email: info@arztausland.com
www.arztausland.com

Please mail this form to:
info@arztausland.com

Dear Sirs,

please take my registration and give me more information about all details of your migration program for medical doctors as soon as possible. Yes, I'm interested to work in Germany as medical doctor. Following I give you some details of my CV.

Name		Forename/s	
Date of birth		Place of birth	
Actual living in country		Actual living in City	
Where did you study? (University/Universities)		When did you start? When did you finish?	
When did you get your graduation?		When did you get the approval as doctor?	
When did you become member of the chamber of doctors of your country?		Are you employed as doctor or unemployed (not working as doctor)?	
Do you have any experiences in working as doctor? Please give us some stations of work.			
Did you get any speciality?			
What form of payment would you prefer, if you would make a contract?	I would pay cash in advance. <input type="checkbox"/>	I would pay 32 rates starting with the course. <input type="checkbox"/>	I would pay 32 rates starting in 2 years. <input type="checkbox"/>
Your mail address?			Date & Sign