



# International healthcare association

## Physician Application form for 2018-2019

### JOIN THE IHA

Please complete this form for submission to International healthcare Association.

Physician's photo

1. Doctor's Name		
First name..... Last name.....		
Address		
Unit.....	Number.....	Street.....
City.....	Province/state.....	Country.....
Telephone.....	Fax.....	Email.....

#### 2. Present Title/Departments

- .....

#### 3. Specialty Interests

- (LIKE,...Child heart disease, interventional heart surgery for child)
- .....se.....

#### 4. Associated Hospital

- .....

#### 5. Medical School/ Special trainings and certifications

(LIKE,... 1989 ~ 1996 : Ph.D of Medical Science, Graduate School, Tehran University, Tehran, Iran--- 1989 : Speciality Board of Pediatrics (#1768), The Iran Pediatric Association)

- .....
- .....
- .....
- .....

#### 6. Membership in a particular association or organization

(LIKE, The Iran International healthcare Association,...)

- .....
- .....

Signature \_\_\_\_\_

...[Http://Internationalhta.com](http://Internationalhta.com).....[info@internationalhta.com](mailto:info@internationalhta.com)...

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