UROLOGICAL ASSOCIATION OF ASIA & KAMEDA MEDICAL CENTER

Kameda International Fellowship in Urologic Surgery

Application Form

Complete every field in English and place this form first in your **single PDF application file**. Type or write legibly in block letters. Education, training history, and certifications are taken from your Curriculum Vitae and need not be repeated here.

1. Fellowship Start Applied For

This is a single 12-month fellowship program. Applications are accepted twice a year, for an April start and an October start.

Start applied for	☐ April start ☐ October start

2. Personal and Professional Information

Family Name (as in passport)		**Given Name (as in passport)**	
Middle Name		**Date of Birth (YYYY/MM/DD)**	
Nationality		**Mobile / Telephone**	
Email			
Current Institution			
Department		**Current Position / Title**	
City / Country of Institution			

3. Medical License

Medical License Number		**Issuing Country**	
Date of Issue (YYYY/MM)		**Expiry (YYYY/MM), if any**	

4. UAA Membership

Individual UAA membership must be finalized before the fellowship begins. Applicants whose membership application is pending may apply.

UAA Membership Status	☐ Individual Member Membership ID: _____ ☐ Application Pending Date submitted: _____

5. English Proficiency (self-declaration)

Submission of a test score certificate is not required. As a general guideline, a level equivalent to IELTS 6.0 is expected.

Native English Speaker	☐ Yes ☐ No
Test score, if taken (optional)	☐ IELTS ☐ Other: _____ Score: _____ Date: _____
Declaration	☐ I declare that my English proficiency is sufficient to participate in clinical and academic activities conducted in English.

6. Robotic Surgery Console and/or Assistant Certification

Do you hold valid robotic surgery certification, issued in your home country?	☐ Console (attach a copy) ☐ Assistant (attach a copy) ☐ None
If yes, issuing country	_____
Acknowledgement	☐ I understand that performing selected steps of robot-assisted procedures as a console surgeon requires Console certification, and that serving as first assistant requires Console or Assistant certification, issued in my home country and obtained before the fellowship begins. I understand that fellows without either certification (None) may participate in robot-assisted procedures as second assistant only.

7. Other Information

External funding / scholarship	☐ Secured ☐ Application in progress ☐ None Name of program: _____
How did you learn about this program?	☐ UAA ☐ Hospital website ☐ Colleague ☐ Other: _____

8. Declaration

I certify that the information provided in this application is true, accurate, and complete. I understand that any false or misleading statement may result in rejection of my application or termination of the fellowship.

Name in print		**Date (YYYY/MM/DD)**	
Signature			