UROLOGICAL ASSOCIATION OF ASIA & KAMEDA MEDICAL CENTER

Kameda International Fellowship in Urologic Surgery

Application Checklist

Complete this checklist and place it as the final page of your **single PDF application file**. Tick each box to confirm that the document is enclosed.

Family Name		**Given Name**	
Nationality		**Date (YYYY/MM/DD)**	
Start applied for	☐ April start ☐ October start		

1. Required Documents

No.	Document	Status	Enclosed
1	**Application Form** (Form 1)	Required	☐
2	**Curriculum Vitae (CV)** with a recent photograph	Required	☐
3	**Personal Statement** (1–2 pages)	Required	☐
4	**Copy of Valid Medical License**	Required	☐
5-1	Medical degree certificate (MD)	Required	☐
5-2	Urology residency completion certificate	Required	☐
5-3	Board certification in urology	*Optional*	☐
6	**Copy of Passport** (photo and signature pages)	Required	☐
7	**Surgical Case Log** Surgical Case Log (last three years, Form 2)	Required	☐
8	**Proof of UAA Membership** (membership certificate or confirmation email if pending)	Required	☐
9	**One Letter of Recommendation**	Required	☐
10	**Robotic Surgery Console and/or Assistant Certification** if held	*Optional*	☐
11	**Application Checklist** this form (Form 3) — final page of the PDF	Required	☐

2. Submission Requirements

☐ All documents are compiled into **a single PDF file**.

☐ The file is named **Application_[Family Name]_[Given Name].pdf**

☐ Documents are arranged in the numbered order 1 to 11.

☐ This checklist is placed as the final page of the PDF.

☐ All scanned pages are legible, in color, and complete.

☐ The letter of recommendation is included in this PDF (not sent separately).

Note: Items marked "Optional" are not required for the application to be reviewed. Documents not originally issued in English may be submitted in their original language at the application stage.

Submit to: **urology.fellowship@kameda.jp** | Department of Urology, Kameda Medical Center