



# Cell Therapy and Transplantation (CTT) INTERNATIONAL OBSERVERSHIP PROGRAM

Upon completion, return via e-mail to [CTT@penmedicine.upenn.edu](mailto:CTT@penmedicine.upenn.edu) with your curriculum vitae or send via mail to the attention of:

**Penn Medicine | Jazmin Tunstall**

Perelman Center for Advanced Medicine [PCAM] | 12th floor, Suite 12-151 | Philadelphia, PA 19104

TEL: +1-215-662-2862 | FAX: +1-215-615-5888

► **Please complete the following information:**

Name (First, Middle Initial and Last): \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Title: \_\_\_\_\_

School/Organization Name: \_\_\_\_\_

School/Organization Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

▶ **Study Visit Preferences**

Please state the dates of your proposed study/Observational Clinical Experience visit in order of preference: We would do our best to accommodate your first preference, however, we may not be able if we have simultaneous competing demands in your area of interest.

Preference #1 \_\_\_\_\_

Preference #2 \_\_\_\_\_

Preference #3 \_\_\_\_\_

Please list the **2-3 goals** of the program you want to complete. Use an additional sheet, if needed!

▶ **Current Address:** (Cannot be an office address)

Street/Apartment: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Country: (Leave Blank if USA) \_\_\_\_\_

▶ **If Applicable, Permanent Address:** (Cannot be office address)

Street/Apartment: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: (Leave Blank if USA) \_\_\_\_\_

▶ **Education**

Please check applicable boxes below.

- NO ACADEMIC CREDENTIALS \_\_\_\_\_
- HIGH SCHOOL DIPLOMA OR EQUIVALENT                      Year Received: \_\_\_\_\_
- TRADE CERTIFICATE    Year Received: \_\_\_\_\_
- SOME COLLEGE    Year Received: \_\_\_\_\_
- ASSOCIATE DEGREE    Year Received: \_\_\_\_\_
- BACHELORS DEGREE    Year Received: \_\_\_\_\_
- MASTERS DEGREE    Year Received: \_\_\_\_\_
- MEDICAL DOCTORATE (M.D., D.D.S., D.V.M., V.M.D.)                      Year Received: \_\_\_\_\_
- OTHER DOCTORATE (DR. OF EDUC., DR. OF SCT., LL.D)                      Year Received: \_\_\_\_\_
- DOCTOR OF PHILOSOPHY (PH. D.)                                      Year Received: \_\_\_\_\_

▶ **Visa Information**

Country of Citizenship: \_\_\_\_\_

Do you require a Visa to visit the United States:  Yes  No

If YES, Date of Issuance \_\_\_\_\_

Duration and/or Conditions of VISA Status

ENTER IN COMMENT BELOW.

## ▶ Emergency Contacts

Provide us the name, address, phone, email contact, and relationship of two people we may contact in case of an emergency.

### CONTACT #1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone# \_\_\_\_\_

Email: \_\_\_\_\_

### CONTACT #2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone# \_\_\_\_\_

Email: \_\_\_\_\_

## ▶ Health Records

Please have your Physician complete the attached health record form. Required immunizations are to be completed and recorded in the attached health record form by an active license physician. The completed form must be received by the office of Hematology Oncology at least 3 weeks before the start of the OCE. Immunization requirements cannot be waived for safety and legal reasons. Additional immunization may be required depending on epidemics or other global health related risks. We must ensure the safety of our patients, families, employees, as well as our applicants and visitors.

Please note that all international visitors are required to have health coverage in the US during the OCE period.

Checking this box indicates you have valid health insurance.

I have read and understand the application as written and hereby affirm that all the information provided is true and accurate to the best of my knowledge.

Signature Required \_\_\_\_\_ Date: \_\_\_\_\_