



UNIVERSITA' AMBROSIANA

**FAX TO Medical Education DPT
+ 02 02361226-(please include the payment receipt)**

**APPLICATION FORM
FOR THE COURSES**

**a. PERSON CENTERED CLINICAL METHOD TEACHING (PCCMT)
(CERTIFICATE)**

FAMILY NAME _____ NAME _____ Year of birth _____

MAILING ADDRESS _____ CITY _____

INSTITUTION _____

ZIP _____ STATE/COUNTRY _____

Tel./Fax _____ E-MAIL _____

APPLICATION COURSE _____

APPLICATION FEE FOR MODULE

MODULE	FEE	DEADLINE
A1	1000	SEPTEMBER 15

Total 1000 euro

APPLICATION FOR MODULE/S.....

(send a copy of passport or other document with the year of birth)

Benefit for applicants : free admission to the conferences on Medical Education promoted by the European School of Medicine & Milan School of Medicine

Bank remittance to : Università Ambrosiana, viale Romagna 51 - 20133 Milano; ITALY

IBAN IT 98 M 07601 01600 000024601205

BIC/SWIFT BPPIITRRXXX

- the payment receipt MUST BE SENT WITH with the APPLICATION form

- bank fees are charged to the applicant.. Remember to indicate your complete address on bank remittance

Please do not request INVITATION letters PRO- IMMIGRATION VISA

APPLICATION IS NOT GUARANTEED UNLESS FULL PAYMENT HAS BEEN RECEIVED