

Bordi për Zhvillim të Vazhdueshëm Profesional
Board of Continuing Professional Development
Application Form – Clinical Courses

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|---|--------------------------------|--|
| <u>Course:</u> | | |
| <u>Place:</u> | | |
| <u>Applicant:</u> | | |
| <u>Date of birth:</u> | | |
| <u>Sex:</u> | | |
| <u>Spoken languages</u> | | |
| <u>Passport number</u> | | |
| <u>Job title:</u> | | |
| <u>Current Employment:</u> | | |
| <u>Institution's address:</u> | | |
| <u>Office phone/fax/e-mail:</u> | | |
| <u>Home phone/fax/ e-mail:</u> | | |
| <u>Qualifications:</u> | | |
| <u>Current Training:</u> | | |
| <u>Agreement of Head of Department</u> | Name: | |
| | Date: | |
| | Signature: | |
| <u>Agreement of Director of the Board of Continuing Professional Development</u> | Prof. Dr. Agron Pustina | |
| | Signature: | |