

Indo-American Cancer Association Palliative Care Fellowship Application



First Name _____ Middle Name _____ Last Name _____

Address: _____ City _____ State _____ Zip/Pin _____

Phone(circle one: home/work/cell) _____ Fax _____ Email _____

** If extra space is needed for any of the following, please answer on separate document and submit along with the application*

Qualifications:

Why do you feel that you should be considered for an IACA Palliative Care fellowship?

Check List:

- Completed Application
- CV
- A brief note explaining why you want to pursue this training program
- A letter of recommendation from your institution / section head (must include a statement on how this course will be useful to the institution)

Submit application and supporting documents to:

Dr. Swaminathan P. Iyer - IACA President

Email: palliativecarefellowship@iacaweb.org