



# BCAT - Cooperative

## Endoscopic Training and Research Program

Please fill in all relevant information below.

APPLICANT INFORMATION	
Name: _____	Age _____
FIRST LAST	
Degrees: <input type="checkbox"/> MD (from: _____) <input type="checkbox"/> Other: _____	
Degrees: <input type="checkbox"/> GENERAL OB <input type="checkbox"/> MATERNO – FETAL MEDICINE <input type="checkbox"/> ONCOLOGY <input type="checkbox"/> REPRODUCTIVE	
Institution/Hospital: _____	
Address: _____	
City: _____	State: _____ Zip: _____ Country: THAILAND
Telephone (Mobile): _____	Fax: _____
Email: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
ENDOSCOPIC INFORMATION	
Please indicate your endoscopic experience as first surgeon.	
<input type="checkbox"/> L. diagnosis	<input type="checkbox"/> L. adnexal surgery
<input type="checkbox"/> L. myomectomy	<input type="checkbox"/> L. bladder/bowel reparation
<input type="checkbox"/> L. hysterectomy	<input type="checkbox"/> Hysteroscope
Are you active in any endoscopic societies? Yes or No (If Yes Please List) _____	
How many years of experience in the field of endoscopy do you have? _____ years	
How long do you prefer to complete this endoscopic training course? _____ months	
Are you aware that participant ought to attend 1-month training at Chang Gung Memorial hospital, Taiwan and APAGE International Workshop, Shanghai prior to graduate on your own expenses? Yes or No	
Are you aware that participant ought to be member of Thai Society for Gynecologic Endoscopy (TSGE) after graduation? Yes or No	
I, _____, hereby give my signature to apply for BCAT-collaborative endoscopic training program and agree to fulfill all the criteria need to complete this training course in the specific time given with an outstanding performance.	
By: _____	
(.....)	
Applicant	

Please submit your Application Form to: Mrs. Wongduan Teachanunt [bangkokendoscope@gmail.com]

BMEC-APAGE-TSGE Head Office, Charoenkrungpracharak hospital, Dept. OB/GYN,

8 Charoenkrung Rd., Bangkholeam, Bangkok, 10120 Fax: 02-289-7082 Email: bangkokendoscope@gmail.com