

Certificate of
Fellow / Resident / Student

To. Nobuhiko Sugano, MD, PhD
President, CAOS International

Fellow Resident Student

This is to certify that the named candidate is presently enrolled in the program/working at the institution for the period stated below.

Registration No.: R _____

Name: _____

Institution: _____

Position: _____

Term of Enrollment: from _____ to _____

Date of Birth: _____

Certified by

Name: _____

Institution: _____

E-mail: _____

Date: _____