

Office for Academic Affairs (OAA)

Personal Information sheet

Kindly attach your business card

The DHCC OAA in coordination with the Harvard Medical School Dubai Center Continuing Professional Development (CPD) department is committed to provid ing quality Continuing Medical Education and CPD opportunities fo r all DHCC licensees. In order to send you information on educational activities, seminars, conferences, etc., CPQ will provide the OAA with your name, area of practice, e-mail and phone contact information unless you object. This information will be considered confidential and will be used only for educational purposes. You may revoke your consent at any time by giving written not ice to the OAA at academicaffairs@dhcc.ae.

Personal and Contact Information					
Title:					
riue:					
First Name:		Last Name:			
Telephone (office):	Ext:		Cell Phone:		
Telephone (fax):					
Personal Email Address:					
Professional Email Address:					
Mailing Address (P.O.Box):			City / country:		

Professional Information					
Profession:					
Specialty:					
Name of Organization:					
Type of Organization :	Hospital	Clinic	Educational Facility		
	Medical Center	Medical company			
	Other: Please specify:				
Research Interest:	Clinical Research	Basic Science Research	Both		
Sector:	Private	Public			