Certificate of

Resident/Fellow/Student/Allied Health Professionals

To. Dr. Kenji Ohata
President of Skull Base 2016

☐Resident/Fellow ☐Student/Allied Health Professional

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 (for Student): from to

Date of Birth (for Resident/Fellow):

Certified by

Name:

Institution:

Date: