



APSN CME Grants Application Form

The APSN CME grants are meant to promote continuing medical education and training, and to promote networking and idea exchanges for trainees in nephrology, fellows, nephrologists, and early-mid career researchers in this region. Under the co-arrangement of APSN and hosting societies, the grants are meant to cover conference registration fees and/or travel cost & accommodation (whichever applicable). Only current members of the APSN or APSN-affiliated society* will be considered for the grants.

* Please refer to APSN website (click [here](#)) for lists of affiliated society.

All fields are mandatory

Conferences/Meetings intended to attend:

(Each candidate can apply more than one but only ONE registration/travel grants will be awarded to an individual for each calendar year.)

	Society	Activities	Date of Activities
<input type="checkbox"/>	Korean Society of Nephrology	KSN-APSN CME Course	29 April 2023
<input type="checkbox"/>	Japanese Society of Nephrology	JSN-APSN CME Course	9 June 2023
<input type="checkbox"/>	Malaysian Society of Nephrology	MSN-APSN CME Course	8 July 2023
<input type="checkbox"/>	Australian and New Zealand Society of Nephrology	ANZSN-APSN CME Course	2 - 6 September 2023
<input type="checkbox"/>	Hong Kong Society of Nephrology	HKSN-APSN CME Course	Oct 2023 (Date TBC)
<input type="checkbox"/>	Taiwan Society of Nephrology	TSN-APSN CME Course	Nov-Dec 2023 (Date TBC)

Title: Prof Dr Others, please specify: _____

Gender: Male Female

Year of Birth (Below 45 upon submission of application): _____

Family Name: _____

Given Name: _____

Current Position: _____

Current Institution: _____

Correspondence Address: _____



The Asian Pacific Society of Nephrology

City and Country: _____

Contact Mobile Number (with country code): _____

Contact Email Address: _____

Status: Nephrology Trainee Early or mid-career researcher
 Nephrologist Enrolled in a PhD or Master Degree
 Others, please specify: _____

Applicant is presenting an abstract (poster or oral presentation): Yes No

Are you a Current member of the Affiliated Society: Yes No

If yes, name of the Affiliated Society: _____

Endorsed by the Supervisor or Head of the institution:

Name: _____

Post Title: _____

Email Address: _____

Signature: _____

A brief summary about the application (Max 150 words)

Please provide a brief summary and explain how attendance at the meeting / course / workshop will specifically benefit both applicant's education, training and career development, as well as other members of the affiliated and how they will disseminate this work to the benefit of Society members as a whole.



The Asian Pacific Society of Nephrology

- I hereby authorized APSN to forward my contact details to the organizer of the CME courses for further communications.

- I agree to complete a post meeting survey organized by the hosting society and return the survey in a timely manner.

Please return this form to APSN Secretariat by email: enquiries@apsneph.org or by fax: +852 2559 6910.