



International Federation of
CLINICAL NEUROPHYSIOLOGY

IFCN YNN Application Form

1. Biodata

Full name with title:

Mailing Address:

Date and place of birth:

Email address:

Country of current practice:

2. List IFCN Society that you are a member of:

3. Professional qualifications:

4. Graduate / Postgraduate employment (current and previous: most recent first)

Place of work	Post held	Dates

5. Professional Body Membership (please list)

****this must include an IFCN member society of good standing or ICNS***

6. Leadership experience (please list)



International Federation of
CLINICAL NEUROPHYSIOLOGY

Submission details

Please send your application to the Secretariat of the IFCN via email at info@ifcn.info

For enquiries, please email Kim Zaiss, Executive Director at kzaiss@ifcn.info