Status Confirmation of

Junior doctors (under 30 years old),

Affiliated Health Professionals and Students

Attn: Congress Secretariat of ISFP2024

I surely certify that the following person belongs to our department/affiliation.

Participant’s Name:

Status:

Junior doctors (under 30 years old)

Affiliated Health Professionals

Students

Director’s Name:

Position:

Affiliation:

Email:

Signature: Date: / /