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| **Affiliation:** | **E.g. Chung-ang University Hospital** | **Department:** | **E.g. Department of Dermatology** |
| **Date of Birth:** | **DD-MMM-YYYY** | **Name:** |  |

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| --- | --- | --- |
| **Completion Date**  (*DD-MMM-YYYY*) | **Description of Training** | **Type of Training**  ***(Self-training, Class training)*** |
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| **Signature:** |  | **Date:**  *(DD-MMM-YYYY)* |  |