



AOSPR 2015 Form of Certification

To: Dr. Shunsuke Nosaka,
Congress President of AOSPR 2015 & 51ST JSPR

This is to certify that the applicant indicated below has been working at our institute for a period stated below.

Name of applicant:	
Nationality:	
Name of Institution:	
Period of stay:	
Specialty:	

Date:	
Certified by:	
Name of Institution:	
Address:	

Authorized Signature _____