

Candidatura a

\_\_ Membro Agregado

\_\_ Membro Efetivo

Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data de Nascimento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ano Formatura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Formação Pediátrica:**

Anos (\_\_\_\_\_\_\_\_\_ a \_\_\_\_\_\_\_\_\_) Local:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local de Trabalho atual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estágio(s) de Gastro/ Nutrição/Hepatologia (detalhes):**

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**Comunicações (autores, data e local de apresentação):**

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**Publicações:**

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**Sócios Proponentes:**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**