



CTropMed[®] Examination

Professional Clinical Experience Documentation

All candidates are required to submit their professional clinical experience.

Professional clinical experience includes but is not limited to basic healthcare degree and any training beyond. For each applicable question, please include places and dates. If you have any specialty certifications, please list dates and names of issuing bodies.

Using the form below, please submit your professional experience.

Please upload this form to your exam application.

Full Name: _____

Email: _____

Enter your professional healthcare degree(s): _____

Q1. Please list your basic healthcare education details below. Include each degree with institution and dates. Give a bullet list.

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Q2. Please list your specialty training information below. Include specialty with institution and dates, and names of issuing bodies where applicable. Give a bullet list.

Q3. If you are not yet licensed, please include your plans with timeline for licensure.