

*Date*

To: Board of Directors of CoRSUM&

Dr. N.A.Cebotarenco, MD, PhD

President of CoRSUM

 **JOINING DECLARATION**

about joining CoRSUM – Coalition for Rational and Safe Use of Medicines

Respected Board of Directors and Dr. N.Cebotarenco, President of CoRSUM

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am writing you today to inquire about joining CoRSUM organization.

Organization, place of work: \_\_\_\_\_\_\_\_

Position and profession: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail, Viber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to join CoRSUM due to the reasons \_\_\_\_\_\_\_

Recommendations can be provided to me by:

Name of CoRSUM member:

e-mail:

Signature \_\_\_\_\_

**The main areas of my experience, expertise, or interest that I can offer CoRSUM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of activity**  | **Experience**  | **Expertise** | **Interest**  |
| Rational and safe use of medicines. |  |  |  |
| Promoting the WHO Concept of Essential Medicines. |  |  |  |
| Standard Treatment Guidelines |  |  |  |
| Drug Therapeutic Committee  |  |  |  |
| Antimicrobial resistance and antibiotic proper use  |  |  |  |
| Clinical Pharmacy  |  |  |  |
| Independent information about medicines  |  |  |  |
| Issue independent drug bulletin  |  |  |  |
| Children and Medicines  |  |  |  |
| Research in pharmacoepidemiology |  |  |  |
| Survey conducting among health care worker and/or patients. |  |  |  |
| Translating articles.  |  |  |  |
| **Your suggestions:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Attachments:**

1.Your CV (short)

2. Your Photo (any)

3. Publications or anything that describes you the best