



# INTERNATIONAL ACADEMY OF HAIR TRANSPLANT SURGERY

educating patients | training doctors

## IAHTS Certification Application Form

### Contact Information

First Name  Last Name

Academic Degree  Issue Date

Address

City  State  Country  Zip Code

Phone: Landline  Mobile

Fax  E-mail

### Requested IAHTS certification in the following practice:

- Vitruvian Design
- Vitruvian FUE
- Full Vitruvian Design

Your request will undergo IAHTS Board evaluation. Certification will be issued upon inspection of your practice according to our certification standards. Fees to enter IAHTS Certification Programme will be communicated prior to inspection.

Please enclose a copy of your IAHTS Certificate of Attendance and medical license for the clinic/s to be certified. Send to:

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Your credentials will be examined by the IAHTS board, providing you feedback shortly. Please specify preferred method to be contacted (for each section please specify if different from contact information provided above):

FAX:   Phone:

Post:   Email: