



NPC Employment Declaration

On behalf of..... (print name of National Paralympic Committee) (“NPC”), I certify the following team doctors will be employed by the NPC to practice medicine during the 13th Paralympic Games.

NPC team doctors to practice in the Chinese Mainland

	Given Name	Family Name	Specialty	Remark
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NPC team doctors to practice in Hong Kong Special Administrative Region

	Given Name	Family Name	Specialty	Remark
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2				
3				
4				
5				

I certify that –

- (a) the above applicants are employed as team doctors during the 13th Paralympic Games,
- (b) the employment is necessary for sports events of the 13th Paralympic Games,
- (c) the applicant’s registration stated in their application form has been verified with the medical authority to be true,
- (d) the translations (if any) of supporting documents in a foreign language are accurate,
- (e) this application is sponsored by the said National Paralympic Committee

Signed, Sealed and Delivered by:

_____ Signature of authorized representative of NPC Date: _____
Name (please print): _____ Title (please print): _____

Attention: This form, along with all the individual application forms for registration as NPC team doctor, must reach BOCOG no later than April 30, 2008. Please observe the IPC accreditation regulation regarding the ratio of NPC team doctors.

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