International Profession Management Organization of U.S.A

Authorization of International Profession Certificate of Testimony

Chinese Name		**Gender**	☐Male ☐Female	**Age**
English Name		**Birth Place**	Country Province City	
Date of Birth		**Recommend**		
Contact	**Phone：** **Cell：** **Fax：**			
	E-Mail：			
Address				
Applying	☐Coordinator ☐Representative ☐Professor ☐Consultant ☐Speaker			
Representing	Country Province City			
Representing Item	☐Certificate of Professional Doctor in DNA Genetic Pathogenesis and Diagnosis ☐Certificate of Professional Medical Docimaster in DNA Genetics ☐Certificate of International Chinese Medicine ☐Certificate of International Medicine Cosmetology ☐Certificate of International Rehabilitation Acupressure ☐Certificate of International Rehabilitation ☐Certificate of International Aroma Therapist ☐Certificate of International Flower Refined Therapist ☐Certificate of International Food & Nutrition ☐Certificate of International Chinese Cook ☐Certificate of International Bartender ☐Certificate of International Astronomy Geomancy ☐Certificate of International Preach ☐Certificate of International Antique Connoisseur ☐Certificate of International Gemologist & Jeweler			
Education				
Experiences				
Occupation				
Documents	1. Application Form 2. Two photocopies of Passport 3. Four colored Passport photos (2 inch) 4. Two copies of the Professional Certificate			**Passport Photo (1 inch)**
Signature	English Chinese			
Date				(Comment)

Representative Application Form