



NOC Employment Declaration

On behalf of _____ (print name of National Olympic Committee) (“NOC”), I certify the following team doctors will be employed by the NOC to practice medicine during the 16th Mediterranean Games.

NOC team doctors to practice in Italy

	Given Name	Family Name	Specialty	Remark
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I certify that –

- (a) the above applicants are employed as team doctors during the 16th Mediterranean Games,
- (b) the employment is necessary for sports events of the 16th Mediterranean 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 Olympic Committee

Signed, Sealed and Delivered by:

_____ Signature of authorized representative of NOC

Date: ____/____/_____

Name (please print): _____ Title (please print): _____

Attention: This form, along with all the individual application forms for registration as NOC team doctor, must reach COJMP no later than May 15th, 2009. Please observe the ICMG accreditation regulation regarding the ratio of NOC team doctors.

Mailing Address: Commissione Medica
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