

DECLARATION OF INTEREST TO PARTICIPATE IN AN AAI-INSTITUTE AT THE ERICA FOUNDATION, STOCKHOLM, NOVEMBER 2020

We would like to get an idea of how you intend to use the AAI clinically and/or in research. Our experience from other institutes tell us that it is of great value if more than one person from the same unit are trained AAI coders. Having AAI colleagues entail the possibility to cooperate on coding difficult cases, and, not the least, to provide support and encouragement. Indicate if somebody else at your unit/university is interested in participating in this AAI-institute or is already a trained AAI coder.

I am interested in participating in the AAI-institute at the Erica Foundation, Stockholm, November 2020.

Name:

Profession:

Work place:

Address:

Postal address and zip code:

Telephone: E-mail:

Other interested or trained person with whom I can collaborate:

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Brief description of your clinical work/research project and how you plan to use the AAI:

Send to utbildning@ericastiftelsen.se

PLEASE RETURN THE FORM WITH NONREFUNDABLE USD 500 NO LATER THAN SEPTEMBER 1 (Wire instruction will follow upon receipt of this form)