**Value-Based Health Care Graduate Program**

Application Form

**YOUR ID :**

* Last name:
* First name:
* Date of birth:
* Country of citizenship:
* E-mail:
* Mobile phone:
* Address:

**YOUR EDUCATION BACKGROUND :**

* Highest degree(s):
* Institution(s):

**PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:**

* A resume
* A motivation letter
* A photo

**What are your professional challenges?**

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**Why are you interested in Value-Based Health Care?**

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**What do you expect from this Graduate Program?**

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**What recent news in relation with high-value care caught your attention?**

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**How would you define ‘Value” in health?**

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Send the following documents to

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