



**ASIA PACIFIC HEART RHYTHM SOCIETY**  
 101 Thomson Road, #06-01 United Square, Singapore 307591  
 Email: office@aphrs.org  
 Tel: +65 6829 5365 | Fax: +65 6829 5301  
 www.aphrs.org

## APHRS Emerging Leaders' Summit 2026

21 October, Wednesday  
 BEXCO Busan, Korea

### Application Form

Please read the program guidelines carefully before applying.

Kindly **CONSOLIDATE** the completed application form and all the supporting documents in to a **single PDF file** before sending it back to [apply@aphrs.org](mailto:apply@aphrs.org) before **15 July 2026, 23:59 SGT**.

Late applications will strictly not be entertained.

### 1. Personal Particulars

<b>First Name:</b>		<b>Last / Family Name:</b>																																																													
<b>Title / Designation:</b>		<b>Gender:</b>																																																													
<b>Date of Birth:</b>		<b>Age:</b>																																																													
<b>Nationality:</b>		<b>Country of Residence:</b>																																																													
<b>Home Address:</b>																																																															
<b>Phone Number</b>																																																															
<b>E-mail</b>																																																															
<b>APHRS Member ID:</b>																																																															
<b>T-Shirt Size:</b>	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL <input type="checkbox"/> 6XL <input type="checkbox"/> 7XL <b>Size Guide</b> <table border="1"> <thead> <tr> <th>Size</th> <th>XS</th> <th>S</th> <th>M</th> <th>L</th> <th>XL</th> <th>2XL</th> <th>3XL</th> <th>4XL</th> <th>5XL</th> <th>6XL</th> <th>7XL</th> </tr> </thead> <tbody> <tr> <td>Width</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>28</td> </tr> <tr> <td>Length</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td>31</td> <td>32</td> <td>33</td> <td>34</td> <td>35</td> <td>36</td> </tr> <tr> <td>Shoulder</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td>25</td> </tr> <tr> <td>Sleeve</td> <td>7</td> <td>7.5</td> <td>8</td> <td>8.5</td> <td>9</td> <td>9.5</td> <td>10</td> <td>10</td> <td>10</td> <td>10</td> <td>10</td> </tr> </tbody> </table> <small>Measurements may vary +/- 5% from actual product            Measurements are presented in inches</small>			Size	XS	S	M	L	XL	2XL	3XL	4XL	5XL	6XL	7XL	Width	18	19	20	21	22	23	24	25	26	27	28	Length	26	27	28	29	30	31	32	33	34	35	36	Shoulder	15	16	17	18	19	20	21	22	23	24	25	Sleeve	7	7.5	8	8.5	9	9.5	10	10	10	10	10
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### 2. Present Job Particulars

<b>Present Position:</b>		
<b>Hospital / Institution:</b>		
<b>Address of Hospital / Institution:</b>		<b>Sector:</b>
		<input type="checkbox"/> Public / Government <input type="checkbox"/> Private <input type="checkbox"/> Others:
<b>Immediate Supervisor / Department Head:</b>		



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**3. Employment History**

Please list your employment history starting with the most current place of practice.

Period	Hospital / Institution	Last Position Held

**4. Education Qualifications**

Basic Medical Degree (*i.e. MBBS or equivalent*)

Period (From / To)	Conferring Institution	Qualification Attained	Language of Instruction

Postgraduate Qualification (*i.e. MMed, MRCP, FRCS, FRCP or equivalent*)

Postgraduate Qualification	Conferring Institution	Specialty	Year Conferred

**5. Experience in Clinical Cardiac Electrophysiology**

<b>Details of Formal Training / Experience in Clinical Cardiac Electrophysiology</b>	
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Number of Catheter Ablation Cases Performed Annually as Primary Operator	Number of Cases
SVT (Supraventricular Tachycardia)	
Atrial Flutter	
Atrial Fibrillation	
VT	



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Number of Device Cases Performed Annually as Primary Operator	Number of Cases
Pacemakers	
ICDs	
CRT-P/D	
Leadless Pacemaker	
Subcutaneous ICD	
His Bundle/Left Bundle Pacing	
Lead Extractions	
LA Appendage Occlusion	

**6. Publications**

*Publications in peer reviewed journals pertaining to cardiac electrophysiology/heart rhythm disorders.*

*Reference style stating all authors and placing authors, title, and journal details in separate paragraphs. Please underline your name. In press publications are also acceptable.*

*Example:*

Webber MR, Allen RF, Sties ML

*Unheralded failure of Riata defibrillator lead identified at defibrillation threshold testing  
J Arrhythm. 2013; 29:187-189*



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**7. Language Proficiency**

Please score your language proficiency accordingly: 4 - Excellent; Good – 3; Fair – 2; or Poor – 1.

Language	Spoken	Written

**8. Contributions to and Participation in APHRs**

*Example :*  
*Member APHRs since 1900*  
*Member of APHRs Young EP committee since 1900*  
*APHRs 1900 Abstract: Title*  
*Presented in APHRs Young EP Webinar 01/01/1900*

**9. List of Membership in Other Professional Societies/Associations**



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**10. Association Leadership/Activity Experience**

Please indicate your leadership/activity experiences/roles in other associations.

Society/Association	Role	Year

**11. Awards/Honours Received in the field of Cardiology/Cardiac Electrophysiology**

Name of Award / Honour	Year	Awarding Organization / Society

**12. Declaration**

- By submitting this form, I certify that the information given in this application is, to the best of my knowledge, correct. I understand that this information may be verified.
- I have also read, understood and agreed to be bound by the Terms and Conditions set by APHRS as described in the program guidelines.
- I allow and give permission to APHRS to collect my personal data for the purpose of this application only.

<b>Signature of Applicant:</b>	
<b>Date:</b>	



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**\*\* Checklist:**

Please be reminded to return this form together with the below supporting documents:

- Up-to-date curriculum vitae (CV)
- A recommendation letter from your National Heart Rhythm/Cardiac Society

Please **CONSOLIDATE** the completed application form and all the supporting documents in to a **single PDF file** before sending it back to [apply@aphrs.org](mailto:apply@aphrs.org) before **6 July 2026, 23:59 SGT.**