

THE EUROPEAN BOARD OF CARDIOVASCULAR PERFUSION

APPLICATION FOR THE EUROPEAN CERTIFICATE IN CARDIOVASCULAR PERFUSION (ECCP) THROUGH THE HARMONISATION PROCEDURE

ANSWER ALL QUESTIONS. DO NOT USE ABBREVIATIONS (EXCEPT N/A IF NOT APPLICABLE)

PLEASE WRITE CLEARLY IN BLOCK CAPITAL LETTERS

SECTION 1

SECTION 2

Last name

Nationality

Home Address:

Street

Postcode

City

Country

Telephone no.

Email address:

First names

Date of birth day month 19 Age

Hospital Address:

Hospital

Department

Street

Postcode City

Country

Tel. no. Fax no.

SECTION 3

EBCP Accredited School:

Address:

..... Country.....

Certified by Programme Director: Name Signature

How long have you been practising perfusion years months. **(At the time of your application)**

SECTION 4

Other academic qualifications:

Professional qualifications: Vocational training

Degrees/Diplomas Awarding Institute

SECTION 5

Please write your name **clearly** here, as you would like it to appear on the certificate. Do not enter a name here that does not appear in Section 1. Block capital letters will not be used on the certificates except as the first letter of a name.

Name

SECTION 6

If you have any objections to your name and hospital address being passed on to other perfusion related organisations, e.g. national societies, please sign your name under this paragraph. All other information contained in this form will be kept confidential to the European Board of Cardiovascular Perfusion.

I do **not** wish my name to be passed on to any other source.....

SECTION 7

Applicants who fail to comply with any of the instructions contained in this application form, will have their forms returned. The fee of **€160** should accompany this form.

SECTION 8

In the event of an appeal against my application, I agree to abide by the decision of the EBCP whose decision is final:

Signature of applicant date: 20.....

For official use only - Please do not write in this space

Application received by national delegate: date: 20..... **Logbook checked and complete:**(tick)

Signature of delegate date: 20.....

Application received by certification subcommittee: date: 20.....

Signature of secretary date: 20.....

THE BOARD REQUIRES A
CURRENT PASSPORT TYPE
PHOTOGRAPH OF THE
APPLICANT

**PLEASE
STICK
PHOTOGRAPH
HERE
DO NOT USE
STAPLES**

CERTIFICATE No. DATE.....