

THE EUROPEAN BOARD OF CARDIOVASCULAR PERFUSION

APPLICATION FOR THE BOARD EXAMINATION TO OBTAIN THE EUROPEAN CERTIFICATE IN CARDIOVASCULAR PERFUSION, ECCP

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

First names

Nationality

Date of birth day month 19 Age

Home Address:

Hospital Address:

Street

Hospital

Postcode

Department

City

Street

Country

Postcode City

Telephone no.

Country

Email address:

Tel. no. Fax no.

SECTION 3

Language in which you wish to take the examination Year of examination

Academic qualifications: School leaving certificate

Professional qualifications: Vocational training

Degrees/Diplomas Awarding Institute

SECTION 4

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

Name of training programme

Address Country.....

Certified by Programme Director: Name Signature

Certified by Person responsible for your training: Name Signature

SECTION 5

Certified by Employer: Name Signature Position

NB. Except in rare circumstances, the **employer** is the Health Authority and **not** the Surgeon, Chief Perfusionist or any other departmental person. Therefore, the form must be signed by the Personnel Officer/Manager on behalf of the Health Authority.

Address, stamp

SECTION 6

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 on the front of this form. Block capital letters will not be used on the certificates except as the first letter of a name.

Name

Attach one photograph to this form where indicated below right.

SECTION 7

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 8

The examination fee of €200 (which includes the certificate, if awarded) should accompany this form.
Please use the attached payment form.

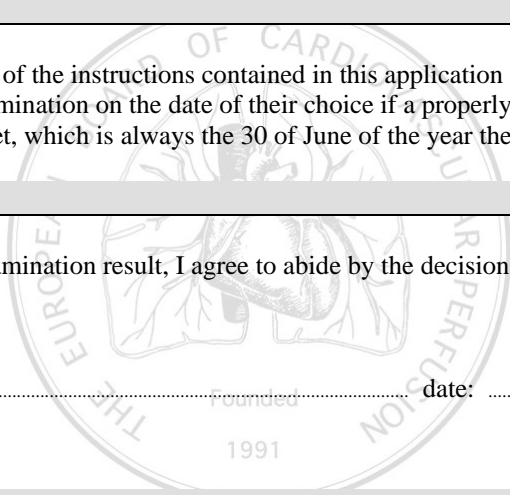
SECTION 9

Applicants who fail to comply with any of the instructions contained in this application form, will have their forms returned. They will only be allowed to sit the examination on the date of their choice if a properly completed form is received by the General Secretary before the deadline set, which is always the 30 of June of the year the exam is being taken.

SECTION 10

In the event of an appeal against my examination result, 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

REC'd cheque/no €.....
DATE.....
SIGNED Gen.Secretary

SIGNED
Delegate
DATE

PASS: YES NO	
WRITTEN EXAMINATION:	<input type="checkbox"/> <input type="checkbox"/>
PRACTICAL EXAMINATION:	<input type="checkbox"/> <input type="checkbox"/>
ORAL EXAMINATION:	<input type="checkbox"/> <input type="checkbox"/>
LOGBOOK:	<input type="checkbox"/> <input type="checkbox"/>
SIGNED.....	
Secretary Certification Sub-committee	
DATE	

THE BOARD REQUIRES A CURRENT PASSPORT TYPE PHOTOGRAPH OF THE APPLICANT
PLEASE STICK PHOTOGRAPH HERE DO NOT USE STAPLES

CERTIFICATE No. DATE.....

EBCP 0108