

THE EUROPEAN BOARD OF CARDIOVASCULAR PERFUSION

APPLICATION FOR THE EUROPEAN CERTIFICATE IN CARDIOVASCULAR PERFUSION (ECCP)

Bitte keine Abkürzungen verwenden und alle Sections in Druckbuchstaben ausfüllen.

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 **Nachname**

Nationality **Nationalität**

Home Address: Heimatadresse

Street **Straße**

Postcode **Postleitzahl**

City **Stadt**

Country **Land**

Telephone no. **Telefonnummer**

Email address: **E-Mail Adresse**

First names **Vorname**

Date of birth **Geburtsdatum** day month 19 Age

Hospital Address: Klinikadresse

Hospital **Klinik**

Department **Abteilung**

Street **Straße**

Postcode **Postleitzahl** City **Stadt**

Country **Land**

Tel. no. **Telefonnummer** Fax no. **Faxnummer**

SECTION 3

EBCP Accredited School: Name der zugelassenen Ausbildungsstätte

Address: **Adresse**

Country **Land**

Verantwortlicher Leiter des Ausbildungsprogramms

Certified by Programme Director: Name Signature **Unterschrift/ Stempel**

Wie lange praktizieren Sie schon klinische Perfusion zum Zeitpunkt der Antragstellung?
How long have you been practising perfusion years months. (At the time of your application)

SECTION 4

Other academic qualifications: andere akademische Qualifikationen

Professional qualifications: Vocational training **Berufsabschluss**

Degrees/Diplomas **Akademischer Titel (Diplom-Ing., Bachelor, Master, Doktor, etc.)** Awarding Institute **Hochschule, Universität, Berufsschule**

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.

Bitte hier Namen so wie er auf dem Zertifikat erscheinen soll deutlich in Druckbuchstaben eintragen (gleiche Name wie in Section1). Bitte nur den ersten Buchstabe des Namens in Großschreibung.

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.

Wenn Sie nicht möchten, dass Ihr Name oder Ihre Klinik an andere perfusionsrelevante Organisationen, Berufsverbände, etc. weitergegeben werden soll, bitte hier unterschreiben.

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

SECTION 7

Nur vollständig ausgefüllte & unterschriebene Anträge werden bearbeitet. Die Gebühr beträgt 200€.

Applicants who fail to comply with any of the instructions contained in this application form, will have their forms returned.

The fee of **€200** 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:

Im Falle einer Ablehnung meines Antrages akzeptiere ich die endgültige Entscheidung des EBCP.

Signature of applicant **Unterschrift**..... date: **Datum**..... 20.....

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

Dieses Feld bitte freilassen

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.....

Bitte Passbild einfügen

THE BOARD REQUIRES A
CURRENT PASSPORT TYPE
PHOTOGRAPH OF THE
APPLICANT

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

CERTIFICATE No. DATE.....

EBCP 0113