



europaean board of thoracic and cardiovascular surgeons

APPLICATION FORM FOR UEMS- EBTCS EXAMINATION

FAMILY NAME		FIRST NAME	TITLE
ADDRESS (inc. Country)		PHONE	FAX
		DATE OF BIRTH	NATIONALITY
EMAIL ADDRESS			

CURRENT POSITION	
INSTITUTION	SINCE (Date)
IS THIS A RECOGNISED TRAINING APPOINTMENT?	YES / NO
TYPE OF CURRENT PRACTICE IS PREDOMINANTLY:	THORACIC / CARDIOVASCULAR / BOTH

PROFESSIONAL EDUCATION	
MEDICAL SCHOOL	SURGICAL TRAINING
NATIONAL CERTIFICATION AND SPECIALTY RECOGNITION	
AUTHORITY	YEAR

APPLYING FOR ACCREDITATION IN:*
THORACIC SURGERY / CARDIOVASCULAR SURGERY / BOTH

*Please note that it is not possible to sit both exams at the same time

Signature _____

Date _____

EBTCS Secretariat
3 Park Street, Windsor, SL4 1LU, UK
Tel: +44 (0) 1753 832166, Fax: +44 (0) 1753 620407
Email: info@ebtcs.co.uk



European board of thoracic and cardiovascular surgeons

APPLICATION FORM FOR UEMS-EBTCS EXAMINATION - Documentation Check

I have enclosed the following documents:

- A completed UEMS/EBTCS application form
- A copy of passport
- A recent photograph
- A copy of national medical diploma. *Where the national medical diploma is obtained outside of the EU member states (or Switzerland, Norway and xxx), the diploma must be ratified by the appropriate official body in the country where the specialist training takes place (usually but not always the Ministry of Education).*
- A copy of licence to practice medicine
- A copy of 'national specialist diploma' (and a copy of European recognition of this diploma if specialist training was received outside Europe)
- A short curriculum vitae
- An overview of training positions (in both general and specialist surgery) detailing the commencement, finish, location and trainer for each training period in the following format:
 - 1. Start date / end date / location / Director / Activities
 - 2. Start date / end date / location / Director / Activities
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- A logbook of all thoracic and/or cardiovascular procedures performed, procedure by procedure, relating to each specified training/rotation period. This list should be subdivided by procedures performed as a first surgeon or as an assistant surgeon.

The overview of the training positions and the accompanying logbook must be confirmed and countersigned by all trainers (and co-ordinator/director of the training programme if applicable)

The time spent in the generality of surgery may include time spent in specific training periods in Pulmonology, Cardiology, Cat lab, ICU, interventional radiology related to the specialty etc.

- A list of publications and presentations
- List of meetings and courses attended

Note: all documents which are not in English must be accompanied by an official signed and stamped translation

Signature _____

Date _____



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UEMS-EBTCS EXAMINATION PAYMENT FORM

APPLICANT NAME: _____

TOTAL DUE: € 400.00

I WILL PAY BY CREDIT CARD

CARD NUMBER _____ / _____ / _____ / _____

EXPIRY DATE __ / __

CARDHOLDER NAME _____

ADDRESS _____

SIGNATURE _____

DATE _____

I WILL PAY BY BANK TRANSFER

PLEASE PAY €400.00 WITH NO CHARGES TO EBTCS:-

ACCOUNT NAME European Board of Thoracic and Cardiovascular Surgeons

BANK ADDRESS ABN/AMRO bank, Leiden, The Netherlands

ACCOUNT 48.28.94.490

BIC CODE ABNANL2A

IBAN NUMBER NL65ABNA04828944090

Important: Your payment will not be recognised unless you give your name, address and state EBTCS exams on the transfer.

CHEQUES ARE NOT ACCEPTED

Signature _____

Date _____