



# THE EUROPEAN ASSOCIATION FOR CARDIO-THORACIC SURGERY

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## TRAINEE MEMBER APPLYING FOR ACTIVE MEMBERSHIP

(PLEASE COMPLETE IN BLOCK CAPITALS)

Name .....  
*Surname* ..... *Forename* ..... *Title (Prof./Dr./Mr./Ms.)* .....

Address .....  
.....  
.....

Contact details .....  
*Telephone* ..... *Fax* ..... *Email* .....

### CURRENT APPOINTMENT

.....  
*Hospital* ..... *Year appointed* .....  
.....  
*Head of Department (Surname)* .....

### MEMBERSHIP DETAILS

I was admitted as a TRAINEE Member of the EACTS in .....  
*Year*

I am now a staff surgeon working independently. I am applying for change of the status of my membership to  Active

### DOCUMENTATION REQUIRED:

- 1. Certification:** Copy of the National Board Certification or similar document with this application form if you did not submit it with your application for TRAINEE membership.
- 2. Publications:** Typewritten list of your publications in English showing total number of publications, differencing between articles in scientific journals (journal, book articles and reviews, and published abstracts). Applicants shall provide at least one publication in a journal quoted in the Index Medicus.
- 3. Letter from Head of Department -** or of person responsible of the training - certifying that the applicant is practicing cardio-thoracic surgery.

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*Signature of Applicant* ..... *Date* .....

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*For office use only and for information to the Membership Committee*  
Referees:

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