**UEMS - SPECIALIST SECTION OF DERMATO-VENEREOLOGY**

**EUROPEAN BOARD DERMATO-VENEREOLOGY**

**Application Form**

UEMS European Board Examination - Diploma in Dermato-Venereology  
August 9 - 10, 2014 - Frankfurt/Main, Germany

*The deadline for receipt of application is 1st of June 2014 (“first come, first served”)*

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<th>Family name</th>
<th>Title</th>
<th>First name</th>
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<th>Date of birth</th>
<th>Nationality</th>
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**University / Clinic / Institution**

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**Address**

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**E-mail**

- [ ] Dermatologist  
- [ ] Dermato-Venereologist  
- [ ] Venereologist

**Date of Board Certification in Dermato-Venereology / Venereology / Dermatology?**

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<th>Training centre (University, Institution):</th>
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**Period of training in dermato-venereology / dermatology / venereology (years plus months):**

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<th>Name of Educational Supervisor (in your centre):</th>
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**Change of training centre / Cross-Border Training Centre (specially important, if a full training centre was not available locally):**

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Additional training programme:

- Clinical dermatology (for venereologists)  
  Period of training: ..............................................
- Other trainings (for dermatologists)  
  Period of training: ..............................................
  Period of training: ..............................................

Number of dermato-venereology-related publications: .................................................................

Fee: € 400

The fee for the examination must be paid by acceptance of the application until the 15th of July.

Please transfer the sum to the following account.

Please note that the applicant is responsible for all bank transfer charges, i.e. the sum that reaches the account has to be 400 EUR.

Name of recipient: AISBL UEMS/S.Dermatology
Account number (IBAN): BE13 0016 7242 9439
BIC/SWIFT code: GEBABEBB
Bank name: Fortis Banque SA  BNP Paribas Fortis
Bank address: Montagne du Parc 3, B-1000 Bruxelles
Mandatory reference: Board examination fee/Name of the applicant

Date: ...................................................... Signature: ......................................................

Required documents:

- Copy of Board Certification in either Dermatology / Dermato-Venereology / Venereology
- Letter of reference confirming time of training (from the chairman of the institution or programme director)
- Curriculum vitae
- List of discipline-related publications from the last 5 years

Adress for response:

Prof. Dr. med. Harald GOLLNICK
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