UEMS - SPECIALIST SECTION OF DERMATO-VENEREOLOGY
EUROPEAN BOARD DERMATO-VENEREOLOGY

Application Form

UEMS European Board Examination - Diploma in Dermatology and Venereology

The deadline for receipt of application is 31st of May 2017 ("first come, first served")

Title: ...........................................................................................................................................

Family name: ....................................................................................................................................

First name: ..........................................................................................................................................

Date of birth: ........................................................................................................................................

Nationality ...........................................................................................................................................

Country you are applying from ............................................................................................................

Address (this address will be the one we use to post your Diploma, therefore it must be the only proper one):

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E-mail (which will be used for the correspondence): .............................................................................

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Phone ....................................................................................................................................................

Fax ...........................................................................................................................................................

You are Specialist (or Resident in training):

☐ Dermatologist ☐ Dermato-Venereologist ☐ Venereologist

For SPECIALISTS

Date of Board Certification in Dermato-Venereology / Venereology / Dermatology: .............................................

Country in which you are certified as Specialist: ...............................................................................................

Authority (Institution) that issued the certificate: ............................................................................................

Your affiliation as place of work: .................................................................................................................

For RESIDENTS

Date of completion of studies in Medicine (conventional medicine) and of gaining of qualification of Medical Doctor: ..............................................................................................................................................

Country of completion of studies in Medicine: ...............................................................................................

Institution of completion of studies in Medicine: ............................................................................................

Training centre of your studies in Dermato-Venereology/ Venereology/ Dermatology: ........................................

Period (duration) of your studies in Dermato-Venereology/ Venereology/ Dermatology (years plus month): .......
Name of Educational Supervisor in your centre: .................................................................
Change of training centre / Cross-Border Training Centre (especially important, if your training has been completed abroad): .................................................................

Additional training programmes:

☐ Clinical dermatology for venereologists (period of training): .................................................................

☐ Other trainings for dermatologists (period of training): .................................................................

Fees:
New Candidates: 400 EUR
Repeaters: 400 EUR

The fee for the examination must be paid until the 15th of June 2017.
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: BNP Paribas Fortis
Bank address: Montagne du Parc 3, B-1000 Bruxelles
Mandatory reference: Board examination fee/Name and Surname of the applicant

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

REQUIRED DOCUMENTS (Please provide us with all required documentation by e-mail)

For SPECIALISTS*:
- Copy of passport
- Copy of Board Certification in either Dermatology / Dermato-Venereology / Venereology
- Curriculum vitae

For RESIDENTS*:
- Copy of passport
- Copy of document of completion of studies in Medicine (conventional medicine) and of gaining of qualification of Medical Doctor
- Letter of reference confirming time of training (from the chairman of the institution or programme director, four years is the required training period)
- Curriculum vitae

*You must submit a translation of every document that is not in English along with the document in its original language. We strongly advise you to obtain translations from commercial translation services or from court/council appointed translators. We require that the documents should bear the contact details of the translation service or translator. We require a copy of the document that has been translated and it should be attached to the translation and be stamped by the translation service and competent authorities.

Address for the correspondence (post address and e-mail):

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