

APPLICATION FORM

FAMILY NAME

FIRST NAMES

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NATIONALITY

DATE AND PLACE OF BIRTH

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ADDRESS FOR CORRESPONDENCE

HOME ADDRESS (if different)

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TELEPHONE

FAX

E-MAIL

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PRESENT APPOINTMENT

Title:

Department:

Hospital name:

Hospital address:

CERTIFICATE OF EUROPEAN TRANSPLANT COORDINATION · UEMS/EDTCO

PLEASE TICK THE MODULE/S YOU WISH TO APPLY FOR

- 1. Module 1: General Transplant Coordination
- 2. Module 2: Donation after Circulatory Death Coordination
- 3. Module 3: Living Donor Coordination
- 4. Module 4: Recipient Coordination
- 5. Module 5: Tissue Donation Coordination

FORMAL HEALTH CARE EDUCATION

Diplomas and Degrees

Please provide certified copies of the relevant certificates translated in English if not in English originally

Institution	Dates (from-to)	Degree/Diploma

CERTIFICATE OF EUROPEAN TRANSPLANT COORDINATION · UEMS/EDTCO

Specialist training in transplant coordination

Please provide certified copies of the relative certificates translated in English if not in English originally

Institution	Dates (from-to)	Degree/Diploma

Authorization to Practice

Please provide certified copies of the relative certificates translated in English if not in English originally

Authority	Date	Registration

Years of experience as Transplant Coordinator, please indicate place of employment and position and duration in each place.

Institution	Dates (from-to)	Position

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Please provide the following documents

(Please tick the document which you attached)

- Certificate of present job as a TC in English (signed and stamped, than scanned)
- Certificate of Experience as a TC in English (scanned)
- A copy of your Valid License as Health Care Professional (scanned)
- TC Training Diploma(s)/Certificates (scanned)
- Logbook sheet in English (filled, scanned)
- CV in English (scanned or .doc file)
- List of publications in Vancouver Style (scanned or .doc file)
- Oral and Poster Presentation List (scanned or .doc file)
- Passport layout photo (scanned) in separate file
- Reference letter from the country BTC member (scanned)

DECLARATION BY APPLICANT

I wish to apply for Part I (Eligibility) of the Certificate of European Transplant Coordination (CETC) for modules (please circle number/s) 1, 2, 3, 4, 5. I declare that all information provided on this form in support of my application is correct.

I hereby admit that I attached all required documents.

(Take note if the required documents not complete, your application is not eligible for CETC).

Signature

Name in block capitals

Date