

ADDENDUM IV : APPLICATION FOR EUROPEAN BOARD CERTIFICATION IN HPB SURGERY

Name :

First name(s) :

Nationality :

Date and place of Birth :

Home address :

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Address for correspondence (if different) :

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Telephone :

Fax :

E-mail :

Present appointment (position, department, hospital address) :

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I am a board certified surgeon in..... (country) (attach copy of certification)

I followed specialised training in HPB Surgery at the following places and with the following trainers (indicate period, institution and name of trainer and attach a letter of recommendation by each trainer) :

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I wish to apply for European Board of Surgery Qualification (EBSQ) in HPB Surgery

I attach :

- a copy of my CV
- two ID size photographs
- letters of recommendation by my trainers
- certificate of national board certification in surgery

I declare that all the information provided above is correct.

Signature

Date :