**APPLICATION FORM**

FAMILY NAME …………………………………………………………………………………………………………….………….

FIRST NAMES …………………………………………..

NATIONALITY …………………………………………..

DATE/PLACE OF BIRTH …………………………………………..

ADDRESS FOR CORRESPONDENCE:

………………………………………………………………………………………………………………………………….…………………………

……………………………………………………………………………………………………………………………………………….……………

TELEPHONE ………………………………. FAX…………………………………..

Email address ……………………………………………………………………….

PRESENT APPOINTMENT:

TITLE …………………………………………………………………………….………………………………………………………

DEPARTMENT …………………………………………………………………………………………………………………………….……..

ADDRESS ………………………………………………………………………………………………………….…………………………

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Present appointment (position, department, hospital address) :

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

I followed specialised training in Upper GI 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 Thoracic Surgery Qualification in Upper GI Surgery (EBTSQ UGI)

I declare that all the information provided above is correct.

**DOCUMENTS ENCLOSED**

Verified and signed documents following the UEMS MJC of Upper GI criteria are enclosed.

* **25 credit points (based on Eligibility criteria)**
* **Completed ogBook (based on Eligibility criteria)**
* **LogBook Summary**
* **letters of recommendation by 2 trainers**
* **signed application form**
* **CV**
* **Two ID size photographs and copy od ID card or passport.**
* **Certificate of national board certification in thoracic surgery (CCST)**
* **Copy of national medical diploma**
* **Copy of license to practice medicine**

SIGNATURE …………………………………………. DATE…………………………….

**DECLARATION BY TRAINER 1**

I have scrutinized this application and declare that to the best of my knowledge the information provided by the candidate concerning his/her training experience is correct.

SIGNATURE …………………………………………..

PRINT NAME …………………………………..……… DATE………………………..……

POST HELD ……………………………………………….……………………….

HOSPITAL ADDRESS ……………………………………………………………………………………………………………….………

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**DECLARATION BY TRAINER 2**

I have scrutinized this application and declare that to the best of my knowledge the information provided by the candidate concerning his/her training experience is correct.

SIGNATURE …………………………………………..

PRINT NAME ……………………………………..…… DATE………………………….……

POST HELD ………………………………………………………………….…….

HOSPITAL ADDRESS ………………………………………………………………………………………………………………….……

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Application documents to be send to :

Prof. Philippe Nafteux, Chairman of the UEMS Board Upper GI Surgery

E mail: philippe.nafteux@uzleuven.be