

European Board of Surgery Qualifications (EBSQ)

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

Section of Surgery - Division of Surgical Oncology

PART 1 APPLICATION TO THE EBSQ EXAMINATION IN SURGICAL ONCOLOGY

Please read the eligibility criteria and application guidelines carefully before filling out this form.

Once completed please send your application form to the ESSO Secretariat (esso@esso-surgeonline.org). Your application will be reviewed by the EBSQ examination committee in the month following the application deadline and you will be notified of your selection by the European Board of Surgery shortly after.

Please answer all questions:

FAMILY NAME :

FIRST NAME :

NATIONALITY :

DATE & PLACE OF BIRTH :

ADDRESS FOR CORRESPONDENCE :

Telephone including country code :

Fax :

Email :

PRESENT APPOINTMENT :

TITLE :

DEPARTMENT :

ADDRESS :

NATIONAL CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING
(Applicant must hold a valid CCST or equivalent certificate from an appropriate international country or FMH in the case of Switzerland – please enclose a copy)

ISSUED BY :

DATE OF ISSUANCE :

UNDERGRADUATE & POST GRADUATE MEDICAL EDUCATION

UNDERGRADUATE MEDICAL SCHOOL :

FROM :

TO :

POSTGRADUATE TRAINING :

DATE		HOSPITAL	SPECIALITY	<u>TRAINER*</u>
From	To			General and Surgical Oncology

NAME & ADDRESS OF TWO PRINCIPAL TRAINERS

1. NAME :

ADDRESS :

2. NAME :

ADDRESS :

TRAINING EXPERIENCE IN SURGICAL ONCOLOGY

TOTAL DURATION IN GENERAL SURGICAL TRAINING POSTS
(Common trunk in surgery in general)

Years	Months
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TOTAL DURATION IN SURGICAL ONCOLOGY TRAINING POSTS

Years	Months
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RESEARCH HIGHER DEGREE BY THESIS (Habilitation)

No Yes

Title :

Date :

University :

PUBLICATIONS IN PEER REVIEWED JOURNALS (List "Top 5")

1
2
3
4
5

PRESENTATION TO NATIONAL AND INTERNATIONAL MEETINGS (List "Top 5")

1
2
3
4
5

DECLARATION BY APPLICANT

I wish to apply for PART 1 (eligibility) of the European Board of Surgery Qualification in Surgical Oncology (EBS Surgical Oncology) which I understand may be awarded upon the recommendation of the Division of Surgical Oncology based upon assessment of my training experience. I declare that all Surgical Oncology information provided on this form in support of my application is correct.

Signature :

Date :

DECLARATION BY TRAINER 1

I have scrutinised this application and declare that to my knowledge, the information provided by the candidate concerning his/her training experience in Surgical Oncology is correct.

Signature :

Date :

Print Name :

Post Held :

Hospital Address :

DECLARATION BY TRAINER 2

I have scrutinised this application and declare that to my knowledge, the information provided by the candidate concerning his/her training experience in Surgical Oncology is correct.

Signature :

Date :

Print Name :

Post Held :

Hospital Address :

