

# THE EUROPEAN BOARD OF CARDIOVASCULAR PERFUSION

## APPLICATION FOR THE EUROPEAN CERTIFICATE IN CARDIOVASCULAR PERFUSION (EC CP) THROUGH THE HARMONISATION PROCEDURE

ANSWER ALL QUESTIONS. DO NOT USE ABBREVIATIONS (EXCEPT N/A IF NOT APPLICABLE)

PLEASE WRITE CLEARLY IN BLOCK CAPITAL LETTERS

### SECTION 1

### SECTION 2

Last name .....

Nationality .....

#### Home Address:

Street .....

Postcode .....

City .....

Country .....

Telephone no. ....

Email address: .....

First names .....

Date of birth ..... day ..... month 19 ..... Age .....

#### Hospital Address:

Hospital .....

Department .....

Street .....

Postcode ..... City .....

Country .....

Tel. no. .... Fax no. ....

### SECTION 3

**EBCP Accredited School:** .....

Address: .....

..... Country .....

**Certified by Programme Director:** Name ..... Signature .....

How long have you been practising perfusion ..... years ..... months. **(At the time of your application)**

### SECTION 4

**Other academic qualifications:** .....

**Professional qualifications:** Vocational training .....

Degrees/Diplomas ..... Awarding Institute .....

### SECTION 5

Please write your name **clearly** here, as you would like it to appear on the certificate. Do not enter a name here that does not appear in Section 1. Block capital letters will not be used on the certificates accepted as the first letter of a name.

Name .....

**SECTION 6**

If you have any objections to your name and hospital address being passed on to other perfusion related organisations, e. g. national societies, please sign your name under this paragraph. All other information contained in this form will be kept confidential to the European Board of Cardiovascular Perfusion.

I do **not** wish my name to be passed on to any other source.....

**SECTION 7**

Applicants who fail to comply with any of the instructions contained in this application form, will have their forms returned. The fee of **€160** should accompany this form.

**SECTION 8**

In the event of an appeal against my application, I agree to abide by the decision of the EBCP whose decision is final:

Signature of applicant ..... date: ..... 20.....

**For official use only - Please do not write in this space**

**Application received by national delegate:** date: ..... 20..... **Logbook checked and complete:** .....(tick)

Signature of delegate ..... date: ..... 20.....

**Application received by certification subcommittee:** date: ..... 20.....

Signature of secretary ..... date: ..... 20.....

THE BOARD REQUIRES A  
CURRENT PASSPORT TYPE  
PHOTOGRAPH OF THE  
APPLICANT

PLEASE  
STICK  
PHOTOGRAPH  
HERE  
DO NOT USE  
STAPLES

CERTIFICATE No. .... DATE.....

EBCP 0113