



The European Board of Cardiovascular Perfusion

CHAIRMAN: Prof. Dr. Dietrich Birnbaum

APPLICATION FOR EBCP POSTGRADUATE CREDIT AWARD

1) _____
Title of congress, workshop, or seminar

2) _____ 3) _____
Proposed location (facility) City, Country

4) _____
Name of organisation responsible for programme

5) _____
Theme (s) of the postgraduate activity (Please attach programme)

6) _____ 7) _____ 8) _____ 9) _____
Proposed Date estimated hours Anticipated number of participants Target group (s) (medical discipline)

10) _____ 11) _____ 12) _____
Proposed registration fee Conference language Translations offered

13) Type of postgraduate activity (check one) in-house national/regional international

14) List additional sponsors:

a. _____ b. _____

c. _____ d. _____

e. _____ f. _____

I have read the Guidelines for EBCP awarded re-certification credit points.

Signature of organisation representative Date

Printed name of representative

Return contact address of organisation representative (print clearly)

Post Code/City Country Email address

Please return to:

Mme. Judith Horisberger
EBCP Academic Committee
CHUV
Rue du Bugnon 46
Chir. Cardio-vasculaire (CEC)
1011 Lausanne
SWITZERLAND
email: Judith.Horisberger@chuv.hospvd.ch

-Please attach programme-

ADDENDUM FOR APPROVAL OF EBCP CREDIT AWARD FOR INDUSTRY PROVIDED POSTGRADUATE ACTIVITIES

Supporting Information Required for Review

15. Overview of subject matter:

16. Learning objectives (what participants can expect to learn):

17. Principal faculty/author(s) with degree and professional title:

18. Method of perfusionist participation in the learning process:

19. Identify primary medium/media used for this activity:

Audio Broadcast CD-ROM Print Video Online; (web address and access information required):

20. Designate number of activity elements and time per element (e.g., audio, print, online, pre/post-tests):

21. Describe method of activity evaluation and how results will be used: