

# THE EUROPEAN BOARD OF CARDIOVASCULAR PERFUSION

## APPLICATION FOR THE BOARD EXAMINATION TO OBTAIN THE EUROPEAN CERTIFICATE IN CARDIOVASCULAR PERFUSION, ECCP

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

Language in which you wish to take the examination ..... Year of examination .....

**Academic qualifications:** School leaving certificate .....

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

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

### SECTION 4

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

Name of training programme .....

Address ..... Country.....

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

**Certified by Person responsible for your training:** Name ..... Signature .....

### SECTION 5

**Certified by Employer:** Name ..... Signature ..... Position .....

**NB.** Except in rare circumstances, the **employer** is the Health Authority and **not** the Surgeon, Chief Perfusionist or any other departmental person. Therefore, the form must be signed by the Personnel Officer/Manager on behalf of the Health Authority.

Address, stamp .....

**SECTION 6**

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 on the front of this form. Block capital letters will not be used on the certificates except as the first letter of a name.

Name .....

Attach one photograph to this form where indicated below right.

**SECTION 7**

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 8**

The examination fee of **€160** (which includes the certificate, if awarded) should accompany this form.  
Please use the attached payment form.

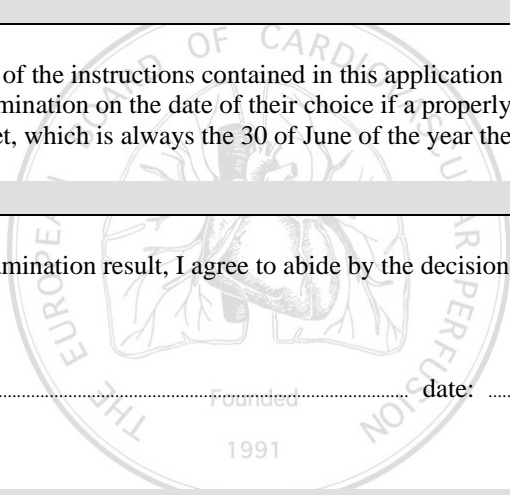
**SECTION 9**

Applicants who fail to comply with any of the instructions contained in this application form, will have their forms returned. They will only be allowed to sit the examination on the date of their choice if a properly completed form is received by the General Secretary before the deadline set, which is always the 30 of June of the year the exam is being taken.

**SECTION 10**

In the event of an appeal against my examination result, 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**

REC'd cheque/no €.....
DATE.....
SIGNED ..... Gen.Secretary

SIGNED .....
Delegate
DATE .....

PASS: YES NO	
WRITTEN EXAMINATION:	<input type="checkbox"/> <input type="checkbox"/>
PRACTICAL EXAMINATION:	<input type="checkbox"/> <input type="checkbox"/>
ORAL EXAMINATION:	<input type="checkbox"/> <input type="checkbox"/>
LOGBOOK:	<input type="checkbox"/> <input type="checkbox"/>
SIGNED.....	
Secretary Certification Sub-committee	
DATE .....	

THE BOARD REQUIRES A CURRENT PASSPORT TYPE PHOTOGRAPH OF THE APPLICANT
PLEASE STICK PHOTOGRAPH HERE DO NOT USE STAPLES

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

EBCP 0108