

REGISTRATION FORM
for the DIPLOMA of
THE EUROPEAN BOARD OF GASTROENTEROLOGY
(EBG 2)

The undersigned, whose training started **after January 1st 1994**, wishes to be considered for **Fellowship of the European Board of Gastroenterology** and to be awarded **The Diploma of the European Board of Gastroenterology**

.....
(Signature of the candidate) (Date)

PERSONAL DETAILS

Name (first name, family name):.....

Private address:

Work address:

Street:.....

Hospital:.....

Street:.....

Town and postal code

Town and postal code.....

Country:.....

Country:.....

Phone:.....

Phone:.....

Fax:.....

Fax:.....

e-mail:.....

e-mail:.....

Date of birth:.....

Place and country of birth.....

Country of citizenship.....

GRADUATE TRAINING

Country of graduate training:.....

Medical School/University:.....

Date of Graduation:.....

POSTGRADUATE TRAINING

Country of postgraduate training:.....

Common trunk training:

1. Clinic and hospital:.....

Training director:..... Training period;from:..... to.....

Number of acute, general medical admission per 24 hours when you where on duty.....

2. Clinic and hospital:.....

Training director:..... Training period;from:..... to.....

Number of acute, general medical admissions per 24 hours when you where on duty.....

Specialist training:

1. Clinic and hospital:.....
Training irector:..... Training period from..... to.....
Position held:..... From..... to.....

2. Clinic and hospital:.....
Training Director:..... Training period from..... to.....
Position held:..... From..... to.....

3. Clinic and hospital:.....
Training Director:..... Training period from..... to.....
Position held:..... From..... to.....

4. Clinic and hospital:.....
Training Director:..... Training period from..... to.....
Position held:..... From..... to.....

Gastrointestinal procedures:

Abdominal ultrasound investigations number.....*

Abdominal punctures/biopsies
number.....*

Liver biopsies number.....*

Endoscopy

Oesophago-gastro-duodenoscopy number.....*

Colonoscopy number.....*

Flexible sigmoidoscopy number.....*

ERCP number.....*

Proctoscopy number.....*

Rigid sigmoidoscopy number.....*

(*verified in enclosed log book)

Scientific activities:

Number of oral presentations:

Number of articles in peer-reviewed journals as first author

as co-author

National accreditations:

1. Certificate in **Gastroenterolgy** issued
by..... date.....

2. Certificate in issued
by..... date.....

PLEASE ENCLOSE

- Training Programme Prospectus
- Record of training certified by regional training director or equivalent
- Up to date Curriculum vitae
- Copies of national accreditation and diplomas
- Passport photo of yourself, signed and dated
- Registration fee, 150 EURO on Iban to the Section of Gastroenterology, EUMS
- Application for/Approval of Training Centre
- Endorsement by the Training Director

Endorsement of the candidate and Agreement to invite EBG inspectors for site-visit

I, Training Director at

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confirm that the candidate

Dr.....

is a registered medical practitioner in this country and is expected to complete all the requirement for specialist training in this country, as part of our training scheme

I further confirm that the candidate is known to me personally and can be recommended to the EBG.

I understand and agree that for the candidate to be awarded the Diploma of the European Board of Gastroenterology it may be necessary for two members of the EBG to visit the training centre and have the opportunity of talking to several members of the training faculty and the trainees.

I also understand that I and/or my colleagues will be asked to complete a detailed questionnaire about the training centre (**EBG 3**) and - optimally - that our gastroenterology training is retrospectively accredited by the European Board of Gastroenterology (**EBG 5**).

Finally, I undertake that if it is required the Centre will

- all the expenses of the inspectors
- the registration fee of 600 Euro for the Training Centre
- the accreditation fees of 150 Euro for each member of the training faculty being accredited

the Diploma of the European Board of Gastroenterology

.....
 (Signature) (Date)