

**REGISTRATION FORM**  
**for the RETROSPECTIVE DIPLOMA of**  
**THE EUROPEAN BOARD OF GASTROENTEROLOGY**  
**(EBG 5)**

*The undersigned, whose training started **before January 1'st 1994** and who is **actively working** as a gastroenterologist, wishes to be retrospectively considered for Fellowship of the European Board of Gastroenterology and to be awarded The Diploma of the European Board of Gastroenterolgy*

.....  
(Signature of the candidate)

.....  
(Date)

**PERSONAL DATA**

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

*Private address:*

*Work address:*

Street:.....  
Town and Postal code.....  
Country:.....  
Phone:.....  
Fax:.....  
e-mail:.....

Hospital:.....  
Street:.....  
Town and Postal code.....  
Country:.....  
Phone:.....  
Fax:.....  
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:.....

**Specialist training:**

1. Clinic and Hospital:.....

Training Director:..... 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:.....

(please use additional sheets if required)

**Gastrointestinal procedures** (please tick):

Abdominal ultrasound investigations yes\_\_ no\_\_

Liver biopsies yes\_\_ no\_\_

Endoscopy

Oesophago-gastro-duodenoscopy yes\_\_ no\_\_

Colonoscopy yes\_\_ no\_\_

Flexible sigmoidoscopy yes\_\_ no\_\_

ERCP yes\_\_ no\_\_

**Scientific activities:**

Number of oral presentations: .....

Number of articles in peer-reviewed journals as first author .....

as co-author .....

*Please ensure a list of these is on CV.*

**National accreditations:**

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

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

**PLEASE ENCLOSE**

- Description of training programme
- Up to date Curriculum Vitae
- Copies of national accreditations and diplomas
- Passport photo of yourself, signed and dated
- Registration fee, 150 EURO to Section of Gastroenterology, EUMS