

CME CERTIFICATE, European Board of Gastroenterology. APPLICATION FORM.

Summary Report.

Name of applicant:

Born:

Address:

Wording place

Type of practice:

Attach to this summary report attendance five yearly report forms, including attendance certificates for all group A activities. .

Year Group A no. of hours Group B no. of hours

Year	Group A no. of hours	Group B no. of hours

Send these application forms to
Chairman of subcommittee for CME,
Tom B. Schulz,
Aust Agder Central Hospital,
N 4809 Arendal – Norway.
Fax 47 37 01 40 10 email- agdermed@online.no

CME CERTIFICATE, European Board of Gastroenterology. Application Form. Yearly report

Year: _____ **Name of applicant:** _____

Group A activity (Certificate of attendance to be enclosed) **Hours:**

	Hours:

Group B activity (max 10 hours from each category)

Category **Specify** **Hours:**

Category	Specify	Hours:

Place: _____ **-Date:** _____ **Signature of applicant :** _____