

EUROPEAN BOARD OF CARDIOTHORACIC SURGERY

Application for appointment to the Level 1 Panel of Examiners



Personal Details

Title:		Home address:	
Last Name:			
First Name:			
Date of Birth:		Postcode:	
Email address:		Mobile Phone:	

Present appointment

Post:		Date commenced:	
Hospital/ Institution			
Address:			
Postcode:			
Telephone:			
Email address:			
Secretary Name:		Secretary Contact:	

Preferred correspondence address: Home Business

Please select the speciality/'s in which you would be capable of examining:

Specialty: **Cardiac / Thoracic / Congenital**

Education

Qualifications obtained (include degrees, diplomas, professional examinations)

Exam/Qualification	Year	Exam/Qualification	Year

Previous Consultant Registrar appointments

Hospital / Medical School	Position Held	Dates	
		From	To

Membership of other Examination Boards, Responsibilities for Education and Training
Previous and current examining experience must be listed

Professional Body	Subject	Dates	
		From	To

General experience/Personal Statement

Please give details of further experience that may be of relevance of the post of examiner

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Please list below your three most recent publications/presentations

I confirm that I understand that the procedure of appointment is by submission to the European Board of Cardiothoracic Surgery. Subject to acceptance, my name will be forwarded to the Board for ratification. If appointed, I am prepared to serve on the Panel of Examiners for a period of five years from the date of my first examination. I have read and understood the further particulars pertaining to the Appointment to the Panel of Examiners and am willing to commit to the professional conduct and development of the examination as well as the assessment, training and development as an examiner and will provide the time necessary to honour these commitments.

Signed:

Date:

Please return the completed form to the EBCTS Secretariat by email to:

ebcts@eacts.co.uk