



European Board of Thoracic and Cardiovascular Surgeons

## APPLICATION FORM FOR UEMS- EBTCS EXAMINATION

FAMILY NAME	FIRST NAME	TITLE
ADDRESS (inc. Country)	PHONE	FAX
	DATE OF BIRTH	NATIONALITY
EMAIL ADDRESS		

CURRENT POSITION	
INSTITUTION	SINCE (Date)
IS THIS A RECOGNISED TRAINING APPOINTMENT?	YES / NO
TYPE OF CURRENT PRACTICE IS PREDOMINANTLY:	THORACIC / CARDIOVASCULAR / BOTH

PROFESSIONAL EDUCATION	
MEDICAL SCHOOL	SURGICAL TRAINING
NATIONAL CERTIFICATION AND SPECIALTY RECOGNITION	
AUTHORITY	YEAR

APPLYING FOR ACCREDITATION IN:*
THORACIC SURGERY / CARDIOVASCULAR SURGERY / BOTH

\*Please note that it is not possible to sit both exams at the same time

EBTCS Secretariat  
3 Park Street, Windsor, SL4 1LU, UK  
Tel: +44 (0) 1753 832166, Fax: +44 (0) 1753 620407  
Email: [ebtcs@eacts.co.uk](mailto:ebtcs@eacts.co.uk)



European board of thoracic and cardiovascular surgeons

## APPLICATION FORM FOR UEMS-EBTCS EXAMINATION - Documentation Check

I have enclosed the following documents:

- A completed UEMS/EBTCS application form
- A copy of passport
- A recent photograph
- A copy of national medical diploma. *Where the national medical diploma is obtained outside of the EU member states (or Switzerland and Norway), the diploma must be ratified by the appropriate official body in the country where the specialist training takes place (usually but not always the Ministry of Education).*
- A copy of licence to practice medicine
- A copy of 'national specialist diploma' (and a copy of European recognition of this diploma if specialist training was received outside Europe)
- A short curriculum vitae
- \*An overview of training positions (in both general and specialist surgery) detailing the commencement, finish, location and trainer for each training period in the following format:
  1. Start date / end date / location / Director / Activities
  2. Start date / end date / location / Director / Activities.....
- \*A logbook of all thoracic and/or cardiovascular procedures performed, procedure by procedure, relating to each specified training/rotation period. This list should be subdivided by procedures performed as a first surgeon or as an assistant surgeon.

**IMPORTANT: All applications MUST have their Operations Log entered onto the CTSNet OpLog. This is compulsory. Your application will not be processed if it not submitted in this way. \*\***

*\*The overview of the training positions and the accompanying logbook must be confirmed and countersigned by all trainers (and coordinator/director of the training programme if applicable)*

- A list of publications and presentations
- List of meetings and courses attended

**Note: all documents which are not in English must be accompanied by an official signed and stamped translation**

\*\* On submittal of your application, we will access your OpLog and review it within the 'EBTCS programme' within CTSNet. By signing this application you are granting EBTCS permission to do so. Access to your OpLog will be forfeited on rejection of your application or after the examination process, if accepted.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## UEMS-EBTCS EXAMINATION PAYMENT FORM

APPLICANT NAME: \_\_\_\_\_

TOTAL DUE: €400.00

I WILL PAY BY CREDIT CARD

CARD NUMBER      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EXPIRY DATE      \_\_\_\_ / \_\_\_\_

CVV CODE      \_\_\_\_\_

CARDHOLDER NAME

ADDRESS

SIGNATURE

DATE

I WILL PAY BY BANK TRANSFER

PLEASE PAY €400.00 WITH **NO CHARGES** TO EBTCS:-

**ACCOUNT NAME**      European Board of Thoracic and Cardiovascular Surgeons

**BANK ADDRESS**      ABN/AMRO bank, Leiden, The Netherlands

**ACCOUNT**      48.28.94.490

**BIC CODE**      ABNANL2A

**IBAN NUMBER**      NL65ABNA0482894490

**Important: Your payment will not be recognised unless you give your name, address and state EBTCS exams on the transfer.**

**CHEQUES ARE NOT ACCEPTED**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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