



europaean 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
EACTS House, Madeira Walk, Windsor, SL4 1EU, UK
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Email: 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
- *A year by year overview of training positions containing a resumé of operations performed (as 1st surgeon, as assistant), start and end date, location, director of the training period and signed by the director
- *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 co-ordinator/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 _____



European Board of Thoracic and Cardiovascular Surgeons

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 _____

REPLACE THIS PAGE WITH A COPY OF YOUR PASSPORT

REPLACE THIS PAGE WITH A COPY OF YOUR NATIONAL
MEDICAL DIPLOMA.

IF YOUR DIPLOMA IS NOT IN ENGLISH PLEASE ALSO
PROVIDE AN OFFICIAL SIGNED AND STAMPED
TRANSLATION.

*IF YOUR 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).*

REPLACE THIS PAGE WITH A COPY OF YOUR LICENCE
TO PRACTICE MEDICINE.

IF YOUR LICENCE TO PRACTICE MEDICINE IS NOT IN
ENGLISH PLEASE ALSO PROVIDE AN OFFICIAL SIGNED
AND STAMPED TRANSLATION.

REPLACE THIS PAGE WITH A COPY OF YOUR NATIONAL
SPECIALIST DIPLOMA.

**IF YOUR NATIONAL SPECIALIST DIPLOMA IS NOT IN
ENGLISH PLEASE ALSO PROVIDE AN OFFICIAL SIGNED
AND STAMPED TRANSLATION.**

*IF YOUR NATIONAL SPECIALIST DIPLOMA WAS
RECEIVED OUTSIDE AN EU MEMBER STATE COUNTRY
YOU MUST PROVIDE A COPY OF EUROPEAN
RECOGNITION OF THIS DIPLOMA*

*IF YOU ARE APPLYING FROM SWITZERLAND, PLEASE PROVIDE
COPIES OF YOUR YEARLY FMH EVALUATION (ENGLISH
VERSION) PLUS A LETTER CONFIRMING YOUR ELIGIBILITY
FROM THE SWISS MEDICAL ASSOCIATION*

*IF YOU ARE APPLYING FROM A COUNTRY WITH ONLY A 5
YEAR SPECIALIST TRAINING PROGRAMME YOU MUST SUPPLY
A LETTER FROM THE MINISTRY OF HEALTH TO SUPPORT
YOUR APPLICATION AND CONFIRM THAT THE YEAR AFTER
THE COMPLETION OF YOUR TRAINING WAS PERFORMED IN A
TRAINING ENVIRONMENT AND IS TO BE COUNTED AS YOUR
6TH YEAR OF TRAINING.*

REPLACE THIS PAGE WITH A SHORT CURRICULUM
VITAE (ENGLISH)

**REPLACE THIS PAGE WITH A YEAR BY YEAR OVERVIEW
OF TRAINING POSITIONS CONTAINING A RESUMÉ OF
OPERATIONS PERFORMED (AS 1ST SURGEON, AS
ASSISTANT), START AND END DATE, LOCATION,
DIRECTOR OF THE TRAINING PERIOD AND SIGNED BY
THE DIRECTOR – TO INCLUDE GENERAL SURGERY**

SAMPLE LAYOUT

1. Start Date – End Date (e.g. January 1998-December 1998), Duration (e.g. 12 months)

General Surgery, Hospital, City, Country

Activities: OR assistant in major surgical procedures and first surgeon in minor procedures. Ward duties daily ...

Director: Prof A Surgeon Signature:

Procedure	1 st Surgeon	Assistant
Cholecystectomy	10	20
Colectomy		19
Appendectomy	10	6
Chest drainage	6	

2. Start Date – End Date (e.g. January 1999-April 1999), Duration (e.g. 4 months)

Intensive Care Unit, Hospital, City, Country

Activities: Postoperative care in thoracic patients and lung transplantation. Daily clinical sessions ...

Director: Prof B Surgeon Signature:

Procedure	1 st Surgeon	Assistant
Lung transplant		2
Heart & Lung transplant		1

3. Start Date – End Date (e.g. May 1999-July 1999), Duration (e.g. 3 months)

Cardiac Surgery, Hospital, City, Country

Activities: OR 5 days per week as first and second assistant in all cardiac surgical procedures. Daily ward duties ...

Director: Prof C Surgeon Signature:

Procedure	1 st Surgeon	Assistant
CABG	62	60
AVR		3
Redo Open & cannulation	17	
Aortic Transection		2

4. Start Date – End Date (e.g. August 1999-July 2000), Duration (e.g. 12 months)

Thoracic Surgery, Hospital, City, Country

Activities: OR 5 days per week as first and second assistant in all thoracic surgical procedures. Daily ward duties ...

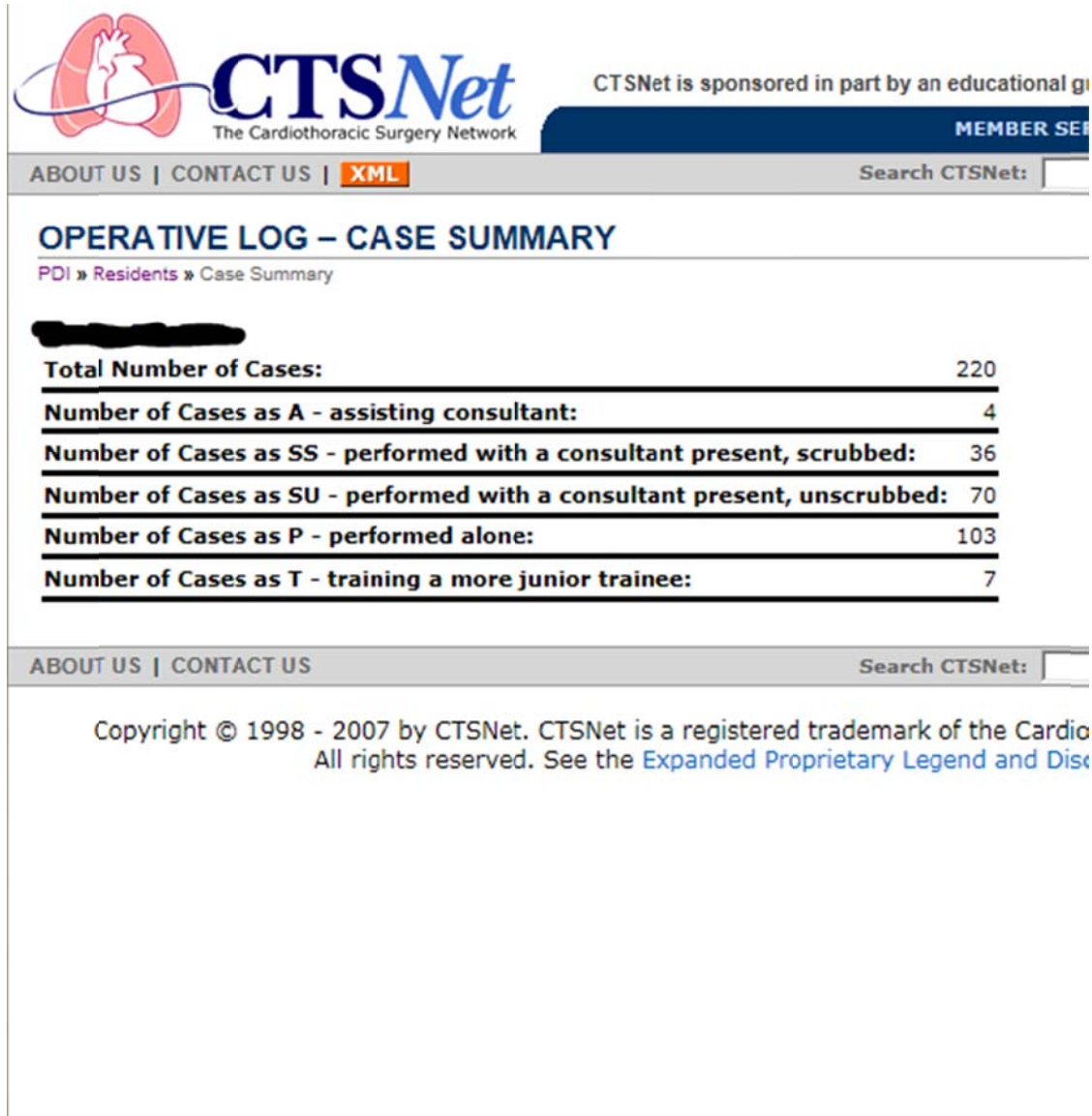
Director: Prof D Surgeon Signature:

Procedure	1 st Surgeon	Assistant
Lobectomy	5	10
Bentall		8
Rigid Bronchoscopy	30	5

Etc

REPLACE THIS PAGE WITH A PRINTOUT OF THE SUMMARY SHEET FROM YOUR CTSNET OPLOG – COUNTERSIGNED BY YOUR TRAINER

e.g.



The screenshot displays the CTSNet website interface. At the top left is the CTSNet logo, which includes a stylized heart and lungs icon and the text "CTSNet The Cardiothoracic Surgery Network". To the right of the logo, it states "CTSNet is sponsored in part by an educational g". Below the logo is a navigation bar with links for "ABOUT US | CONTACT US | XML" and a search box labeled "Search CTSNet:". A "MEMBER SE" button is also visible. The main content area is titled "OPERATIVE LOG – CASE SUMMARY" and includes a breadcrumb trail: "PDI » Residents » Case Summary". A redacted area is present above the summary table. The table lists the following case statistics:

Total Number of Cases:	220
Number of Cases as A - assisting consultant:	4
Number of Cases as SS - performed with a consultant present, scrubbed:	36
Number of Cases as SU - performed with a consultant present, unscrubbed:	70
Number of Cases as P - performed alone:	103
Number of Cases as T - training a more junior trainee:	7

At the bottom of the page, there is a footer with the text: "Copyright © 1998 - 2007 by CTSNet. CTSNet is a registered trademark of the Cardio All rights reserved. See the [Expanded Proprietary Legend and Disc](#)".

REPLACE THIS PAGE WITH A LIST OF YOUR
PUBLICATIONS AND PRESENTATIONS

REPLACE THIS PAGE WITH A LIST OF THE MEETINGS
AND COURSES YOU HAVE ATTENDED