**European Examination in Medical Microbiology**

**1.0 APPLICANT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: | |  |  |  | |
|  | | Last | First |  | |
| Address: |  | | | |  | |
|  | Street Address | | | | City | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | State | Country | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Position |  |

|  |  |  |
| --- | --- | --- |
| Are currently a trainee in Medical Microbiology? | YES | NO |

If yes, how many months of training in Medical Microbiology will you have completed on the first day of April 2020?

|  |  |
| --- | --- |
|  |  |

|  |  |  |
| --- | --- | --- |
| Are currently a Consultant in Medical Microbiology? | YES | NO |

If yes, how long will you have been working as a Consultant in Medical Microbiology on the first day of April 2020?

|  |  |
| --- | --- |
|  |  |

**2.0 EDUCATION**

1. **MEDICAL DEGREE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address of University or College: | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
| DATES:  From: |  | | To: |  | Did you graduate? | YES | NO |

1. **OTHER DEGREE/QUALIFICATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address of University or College: | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
| DATES:  From: |  | | To: |  | Did you graduate? | YES | NO |

1. **OTHER DEGREE/QUALIFICATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address of University or College: | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
| DATES:  From: |  | | To: |  | Did you graduate? | YES | NO |

1. **OTHER DEGREE/QUALIFICATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address of University or College: | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
| From: |  | | To: |  | Did you graduate? | YES | NO |

**3.0 REFERENCES:**

Please list two referees who have supervised you during your training in Medical Microbiology.

Your Referees will need to confirm that you meet the eligibility criteria to sit this pilot exam, as outlined in the document Terms and Conditions for Candidates applying to sit the Pilot European Examination in Medical Microbiology, Paris April 2020

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Position: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Email: |  |
|  |  |

*I hereby certify that this applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Meets the eligibility criteria to sit the pilot European Examination in Medical Microbiology,*

*Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Position: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Email: |  |
|  |  |

*I hereby certify that this applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Meets the eligibility criteria to sit the pilot European Examination in Medical Microbiology,*

*Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**4.0 OTHER PROFESSIONAL EXAMINATION IN MEDICAL MICROBIOLOGY:**

Have you sat any other professional examination in Medical Microbiology in your own country or another country e.g. FRCPath (UK), Netherlands exam, etc

If Yes

Could you please state what examination you sat?

What date you took that examination?

If no,

Do you plan to sit another professional examination in Medical Microbiology in the future e.g. FRCPath (UK), Netherlands exam, etc ?

If yes,

When do you plan to sit the exam?

**5.0 DISCLAIMER AND SIGNATURE**

I have read the terms and conditions of participation in the Pilot European Examination in Medical Microbiology.

|  |  |
| --- | --- |
| YES | NO |

I accept the terms and conditions of participation in the Pilot European Examination in Medical Microbiology.

|  |  |
| --- | --- |
| YES | NO |

I certify that my answers are true and complete to the best of my knowledge. I understand that this is a pilot exam and there will be no award following completion of examination.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**The following documents must be submitted and received by the application deadline given:**

**A scanned copy of the candidate’s passport.**

**A scanned copy of the referees certification of eligibility (see section 3.0, page 3)**

Candidates are responsible for the validity of all documents and the application data.