



UNION OF EUROPEAN MEDICAL SPECIALISTS UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

Section of Medical Biopathology

APPLICATION FORM FOR RECOGNITION OF TRAINING PROGRAMME

SPECIALIST TRAINING PROGRAM IN MEDICAL BIOPATHOLOGY

This form should be completed by any Medical Biopathology Centre seeking recognition for a training program.

The information requested on the form must be given as fully as possible. When completed the form is sent to the National Member Association of the U.E.M.S. for final approval and the last page of the form is completed before returning it to the Secretary of the European Board of Medical Biopathology (EBMB)

The President of European Board of Medical Biopathology and the Secretary will consider the application and decide.

If representatives of the EBMB will visit the centre an inspection fee will have to be paid.

The President of the EBMB will recommend to the UEMS Section Medical Biopathology whether recognition will be granted and to what extent.

This form should be returned to the secretary of the EBMB:

1. Name of Laboratory / Institution:

2. Name and address of Laboratories/Hospitals included in the Training Programme:

3. Staffing:

3.1 Biopathologist directly responsible for the training program:

Name:.....

Qualifications: (including names of awarding body e.g. University, Board or College)

Year of appointment as Specialist:.....

Position:.....

Special professional interests:

3.2 Other Biopathologists involved in the training program:

Name:.....

Qualifications: (including names of awarding body e.g. University, Board or College)

Year of appointment as Specialist:.....

Position:.....

Special professional interests:

3.3. Other consultant staff contributing to training programme (e.g. Haematology; Blood Bank, Chemistry, Biochemistry, Immunology, Oncology, Cytology, Clinical Microbiology, Genetics)

Name.....	Specialty.....
	Year of appointment and Position.....

3.4. Current non-consultant staff (Training Grades): (Qualifications should be given)

3.5. Pre-registration House officers (Intern):

3.6. Senior House Officers:

3.7. Others :

4. Clinical Facilities:

4.1. Patient Statistics: (most recent full year)

5. Teaching Program for Trainees in Medical Biopathology:

(Please addend the weekly time table for each trainee)

Please indicate titles/frequency of meetings:

6. AUDITS

Please give details of your audit:

7. What library facilities are available?

Give details including library staff:

7.1. On site

7.2. Readily available

7.3. What room facilities are there for the trainees?

7.4. What commitments have the trainees in Medical Biopathology for the teaching of:

a) Technicians

b) Under Graduates

c) Post Graduates

7.5. What opportunities exist for clinical or laboratory research?

8. The laboratory / hospital authority agrees to pay reasonable expenses for the visiting consultants who will make the site visit to assess the unit.

Signed on behalf of the Hospital / Laboratory by the Laboratory Director in Administrative Charge of Training Programme

and by the appropriate district or regional administrator or hospital secretary

Date- _____

Form to be filled in by the National Body responsible for UEMS affairs:

We have reviewed the application form for _____

and believe this to be a true reflection of the current situation at

and that it is a suitable centre for consideration for Medical Biopathology Training.

Revision History

Set up: Draft 23rd of June 2008

Revised: by Damiano Castelli may 2012

Revised by the working group "Inspection documents" (D.Castelli; A. Robalonunes; L.Marcelis) June 2012.

Final revision by Damiano Castelli, July 2012