

Application for Fellowship of the European Board of Laboratory Medicine/Medical Biopathology

Name	
Address	
Address for correspondence if different from above	
Date of birth	

I hereby apply to the European Board of Laboratory Medicine/Medical Biopathology for Fellowship of the European Board of Laboratory Medicine/Medical Biopathology in

General Laboratory Medicine	
Clinical Chemistry	
Clinical Haematology	
Clinical Immunology	
Genetics	

(Please mark appropriate box with an x)

I declare that all information given by me to the European Board of Laboratory Medicine/Medical Biopathology is true and accurate. I realise and accept that in the case of a false application or the submission of untrue document(s) the application for Fellowship will be rejected and will lead to forfeiture of the fee. In that case also, no further application form will be considered.

Where photocopies of relevant documents have been submitted I have confirmed they are true copies by signing each and every page of the document(s) including each and every page of the application form.

Signed

Date

I am applying for Foundation Fellowship	yes	no
(Please mark appropriate box with an x)		

(Please note that Foundation Fellowship is ONLY available to individuals who have been in specialist Medical Biopathology practice for at least 10 years.)

Primary Medical Degree

University where degree was obtained	
Date	

Registration as a Medical Doctor

Registration number Name of national registration organisation	
Date – first registered	

Postgraduate Qualifications in Laboratory Medicine/Medical Biopathology

Name of conferring University or institution	
Date obtained	

Specialist Registration

Specialist registration in discipline of Laboratory Medicine/Medical Biopathology in which application for Fellowship is being made (if available for that):

Date first registered	
Registration number (if available)	
National organisation responsible for registration	

CME/CPD

Completion of this section is not necessary for Foundation Fellowship applicants.

Name of National Organisation Responsible For Monitoring CME/CPD	
Please produce certification or other evidence of CME/CPD for at least three years	
Log book number	

This application is accompanied by a fee of 100€ sent by bank transfer to:

Denomination: UEMS/S. Medical Biopathology
Account number: 001-6475765-24
IBAN code: BE81 0016 4757 6524
BIC code: GEBABEBB
Name of the bank: BNP Paribas Fortis, Avenue des Eperviers 7, BE – 1150 Brussels

Each page must be signed by the applicant

The application should be addressed to:

Ass.Prof.Dr. Stylianos Chatzipanagiotou
Secretary of UEMS Section of Laboratory Medicine
c/o University of Athens - Medical School Aeginition Hospital, Dept. Medical Biopathology,
Av. Vassilissis Sophias 72-74, 11521 Athens, Greece

Contact:

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E-Mail: schatzi@med.uoa.gr

Please note: Applicants for the fellowship should note that the European Board of Laboratory Medicine/Medical Biopathology might at its discretion seek verification of any document submitted from the appropriate organisation.