

UEMS - Orthopaedics
EUROPEAN BOARD of ORTHOPAEDICS and TRAUMATOLOGY
Fellowship Exam – Application Form

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passport
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Examination Date **Venue**

Please use **BLOCK LETTERS** only (Please tick appropriate box)

LAST NAME

FIRST NAME

OTHER NAMES IN FULL

TITLE : (MR/MRS/MISS/DR/PROF)

DATE OF BIRTH / / **Sex** **M** / **F**

FULL ADDRESS

.....

.....

.....

POST CODE **COUNTRY OF RESIDENCE**

TELEPHONE - Home - **Work** -

Mobile -

Email **Fax** -

Nationality **Passport No**

Resit (If yes please inform which year)

PLEASE USE **BLOCK LETTERS**

PRE GRADUATION

UNIVERSITY

COUNTRY **CITY**

GRADUATION DATE **GRADUATION DEGREE**.....

PLEASE USE **BLOCK LETTERS**

Post Graduation - Orthopaedic and Traumatology Residence

Hospital(s) dates
..... dates
..... dates
..... dates
..... dates

Number of years in Orthopaedic training

Dates of Final Orthopaedic Qualification
(date of successful completion of orthopaedic training)

Qualification issued by

Country where Orthopaedic Qualification was issued

Title obtained

Number of the Diploma **Date issued**

Other Qualifications

Degrees **Date**
..... **Date**
..... **Date**
..... **Date**

Please use block letters only (Please tick appropriate box)

Present Post

Hospital

Address

Country **City**

Post Code

Type of Post – Orthopaedic Traumatology Both
Permanent Provisional Locum
Academic Other
(please specify)

GUIDANCE NOTES FOR APPLICANTS

Applications must be completed, in full, before being submitted to the European Board of Orthopaedics and Traumatology. Incomplete applications will **not** be considered by the Board.

Documentation Required for Submitting an Application:

- i) Summary of Curriculum Vitae (maximum **two** A4 pages)
- ii) Passport size photograph
- iii) Proof of transfer for the Examination fee in full (550€)
- iv) Authenticated copy of Successful Completion of Orthopaedic and Traumatology training – Certificate / Diploma

Application form must be completed in full and signed by applicant.

Closing dates will be strictly adhered to. It is the responsibility of the applicant to provide the required information and documentation, without it the application fails.

Application forms should be completed in black ink.

Resit Candidates

Please note that all resit candidates must complete the application form **in full** and forward it with the fee to the European Board of Orthopaedics and Traumatology. The application form **must be signed** by the **candidate**.

Withdrawing from the Examination

Candidates withdrawing from the examination must do so in writing to the European Board of Orthopaedics and Traumatology.

- i) The full entrance fee may be returned or transferred to a future examination when written notice is received prior to the closing date for receipt of applications.
- ii) Half of the entrance fee may be returned or transferred to a future examination when written notice is received not less than 31 working days before the commencement of the examination.
- iii) Within 30 working days of the examination, no refund of the fee will be made to candidates who withdraw or fail to attend, except in the most exceptional circumstances and at the discretion of the Board.

Instructions for payment and mailing

Bank Transfer

Account Number: 223 979 112

Account Name: EBOT Exam

IBAN Number: PT50 0033 000000 223 979 112 05

Swift Code: BCOMPTPL

***Please attach copy of proof of transfer**

Please return this application form to:

EBOT Exam c/o Professor Jorge Mineiro
Apartado 1038
2731-901
Barcarena
PORTUGAL

Please note application forms that are sent by courier use the following address: eg. DHL, TNT, Express etc.

Hospital Cuf Descobertas
Serviço de Ortopedia
A/c Theresa Neves
Rua Mário Botas,
Parque das Nações
1998-018
LISBOA
Portugal

If you have any queries please write to:

Professor Jorge Mineiro MD, PhD
Chairman of the EBOT Examining Committee

Mrs Theresa Neves
Administrator of the EBOT Examination

EBOT Exam c/o Professor Jorge Mineiro
Apartado 1038
2731-901
Barcarena
PORTUGAL

Fax: + 351 21 917 75 28

Tel.: + 351 91 228 50 90 Theresa Neves – Administrator

E- mail: ebotexam@mail.telepac.pt