

CME CERTIFICATE, European Board of Gastroenterology. APPLICATION FORM.

Summary Report.

Name of applicant:

Born:

Address:

Wording place

Type of practice:

Attach to this summary report attendance five yearly report forms, including attendance certificates for all group A activities. .

Year Group A no. of hours Group B no. of hours

Year	Group A no. of hours	Group B no. of hours

Send these application forms to
Chairman of subcommittee for CME,
Tom B. Schulz,
Aust Agder Central Hospital,
N 4809 Arendal – Norway.
Fax 47 37 01 40 10 email- agdermed@online.no

