

EBSQ APPLICATION FORM
Surgical Oncology

PART 1 ELIGIBILITY FOR EBSQ IN SURGICAL ONCOLOGY
Section of Surgery - Division of Surgical Oncology

Please answer all questions:

FAMILY NAME

FIRST NAMES

.....

.....

NATIONALITY

DATE AND PLACE OF BIRTH

.....

.....

ADDRESS FOR CORRESPONDENCE

.....

.....

TELEPHONE

FAX

E-MAIL

(including country code)

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.....

.....

PRESENT APPOINTMENT (title, department and hospital address)

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.....

NATIONAL CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING

(Applicant must hold a valid CCST or equivalent certificate from an appropriate international country or FMH in the case of Switzerland – please enclose a copy)

issued by

date of issuance

UNDERGRADUATE AND POSTGRADUATE MEDICAL EDUCATION

UNDERGROUND MEDICAL SCHOOL

Institution	Dates (from-to)
.....
.....

POSTGRADUATE TRAINING

Dates (from-to)	Hospital / Specialty	Trainer* General and Surgical Oncology
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.....
.....

NAME AND ADDRESS OF TWO PRINCIPAL TRAINERS

1. NAME
ADDRESS.....
2. NAME
ADDRESS

TRAINING EXPERIENCE IN SURGICAL ONCOLOGY

TOTAL DURATION IN GENERAL SURGICAL TRAINING POSTS

(Common trunk in surgery in general)

Years Months

TOTAL DURATION IN SURGICAL ONCOLOGY TRAINING POSTS

Years Months

RESEARCH HIGHER DEGREE BY THESIS (Habilitation)

No Yes

Title

Date

University

PUBLICATIONS IN PEER REVIEWED JOURNALS (List “Top 5”)

1.....

2.....

3.....

4.....

5.....

PRESENTATION TO NATIONAL AND INTERNATIONAL MEETINGS (List “Top 5”)

1.....

2.....

3.....

4.....

5.....

DECLARATION BY APPLICANT

I wish to apply for PART 1 (eligibility) of the European Board of Surgery Qualification in Surgical Oncology (EBS Surgical Oncology) which I understand may be awarded upon the recommendation of the Division of Surgical Oncology based upon assessment of my training experience. I declare that all Surgical Oncology information provided on this form in support of my application is correct.

Signature Date

DECLARATION BY TRAINER 1

I have scrutinised this application and declare that, to my knowledge, the information provided by the candidate concerning his/her training experience in Surgical Oncology is correct.

Signature Date

Print Name Post Held

Hospital Address.....

.....

DECLARATION BY TRAINER 2

I have scrutinised this application and declare that, to my knowledge, the information provided by the candidate concerning his/her training experience in Surgical Oncology is correct.

Signature Date

Print Name Post Held

Hospital Address.....

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ELIGIBILITY CRITERIA FOR SURGICAL ONCOLOGY CANDIDATES

1. Each candidate must hold a current licence to practise as a general surgeon at the time of the examination.
2. Each candidate must have received certificate of specialist training from a European Union or associated country. Since 2010, candidates trained outside Europe are entitled to apply for the examination.

A COPY OF THE CERTIFICATE OF COMPLETION OF TRAINING MUST BE ENCLOSED WITH THE APPLICATION

3. Each candidate must be able to demonstrate that he/she had worked for a minimum of two years in a designated oncology centre specialising in surgical oncology*

(***or** a minimum of three years if this experience was not in a designated oncology centre *or* had followed a surgical oncology clinical fellowship of one year' **or** a specialist training of one year working as a surgeon in a recognised oncology related field

or a surgical oncology research fellowship plus two years in a clinical surgical oncology setting)

In addition to a completed application form and a *curriculum vitae* candidates will be required to submit a letter from their Head of Department supporting the application.

4. A log book of operative procedures in surgical oncology, including information on whether the candidate was First Assistant (A), Principal Surgeon assisted by Trainer (B) or Principal Surgeon not assisted by Trainer (C) must be included with this application. This list of operative procedures must be signed and stamped by the appropriate trainer.
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