

## **APPLICATION FORM**

## **Examination European Certificate for Medical Tumor Therapy in Dermato-Oncology**

Family name:	First name:
Title:	Date of birth:
Nationality:	E-Mail:
Address:	
Phone:	Fax:
Current Affiliation: University / Clinic / Institution	
Date of Board Certification in Dermatology:	
Fee: € 200.00	
Participation in the examination is possible only upon payment of the fee. Payment of the	
fee can occur on-site before examination.	
Data	Cianatura
Date:	Signature:
Required application documents – Checklist:	
☐ <b>Application form</b> (filled out and signed)	
☐ Copy of <b>Board Certificate in Dermatology</b>	
	gned and stamped by the supervisors of each
training institution)	
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☐ Curriculum vitae (Should include detailed in	<u> </u>
	ining courses in the field of dermato-oncology
should be described.)	
☐ Copy of the <b>diploma of attendance</b> of an ES	SDO course. OP the proof of registration for
the upcoming ESDO course at the time of the	•
the apcoming LSDO course at the time of the	ic Examination

Please send all above documents in electronic form to the email address info@eado.org by December 1.

The application dossiers will be verified by the EADO Certification Committee and the decision on eligibility will be communicated to applicants **by May 31**. Eligible candidates will be invited to take the examination and will be informed on the procedure to settle the examination fee.