



EAES

European Association for Endoscopic Surgery
and other interventional techniques

NVEC

Nederlandse Vereniging voor
Endoscopische Chirurgie

APPLICATION FOR COMBINED EAES-NVEC MEMBERSHIP

(please type or print)

Date: _____

Applicant's Name: _____
Last Name

First Name

Date and Place of Birth _____

Country _____

Physician Resident in Training

Specialisation: _____

Please check preferred mailing address:

Office Address _____

City _____ Zip _____ Country _____

Telephone _____ Fax _____

E-mail: _____

Private Address _____

City _____ Zip _____ Country _____

Telephone _____ Fax _____

E-mail: _____

1. **Education:** Institution Degree & Date Awarded
College/University _____

Medical School _____

Postgraduate Training _____

Type Institution

Internship _____

Residency _____

Fellowship _____

Other _____

2a. (For Physicians & Engineers only)

Board Certification.

Specialty Board _____ Certificate # _____ Date _____

Specialty Board _____ Certificate # _____ Date _____

2b. (For Residents in Training only)

When do you expect to complete your surgical training? _____ (Date)

Medical License (a copy must be attached)

Country/Place _____ Date _____

3. **Membership in Medical and Scientific Societies**

Name Date of Election

4. **Did you have formal endoscopic training?** _____ yes _____ No

Program Director Inclusive Dates

Training outside formal program: _____

5. (For physicians only)

Do you teach endoscopic surgery? _____ yes _____ No

6. Current Endoscopic Experience:

Procedures	Included in program		Teaching (for physicians only)	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Upper G.I. Endoscopy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ERCP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Colonoscopy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laparoscopy/ (Diagnostic or Emergency)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laparoscopic Surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Choledochoscopy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Endoscopic Laser Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Academic Appointments (begin with current)

Institution	Title	Clinical?	Full Time?	Inclusive Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Hospital Appointments (begin with current)

Institution	Inclusive Dates
_____	_____
_____	_____
_____	_____

I authorize the European Association for Endoscopic Surgery to obtain information from any source regarding this application and my qualifications for membership, which information will be kept confidential by the Society.

Applicant's signature

INSTRUCTIONS FOR SUBMISSION OF EAES – NVEC MEMBERSHIP APPLICATION

Documents required:

Physicians & engineers:

- A completed and signed application form

Residents:

- A completed and signed application form
- Letter of Recommendation from your current chief of department or instructor
- Copy of your medical school diploma

These documents should be sent to:

NVEC Secretariaat
De Boelelaan 1117
Kamer 7F043
1081 HZ Amsterdam
The Netherlands

Or to: info@nvec.nl

Your EAES-NVEC membership is automatically renewed yearly on 1 October. Notice of termination of membership must be received by the NVEC Secretary on or before this date. Failure to give timely notice of termination of membership will result in your membership being automatically renewed for an additional year with all resulting consequences, such as your indebtedness for dues (and other applicable costs and fees, if any).

If you have any questions concerning your application, please contact the NVEC secretary.