



APPLICATION FORM

1. It is mandatory that a signed hard copy of the application and all the relevant documents (Logbook, certificates of attendance of educational activities, certificates of eligibility and training in transplant coordination) will be mailed to the Senior Secretary of the Board of Transplant Coordination of the UEMS:

Mr Sándor Mihály RN, MSN
Chief-National Coordinator
Hungarian National Blood Transfusion Service, Organ Coordination Office
H-1113 Budapest, Karolina út 19-21.
Hungary

It is useful to also e-mail the application to the Senior Secretary, mihaly.sandor@ovsz.hu,

- 2. Application period is 1 March to 31 May 2010.
- 3. Enclose a copy of your CV.
- 4. Enclose two passport size photographs.
- 5. Add pages at the end with information that does not fit on the form

FAMILY NAME

FIRST NAMES

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NATIONALITY

DATE AND PLACE OF BIRTH

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ADDRESS FOR CORRESPONDENCE

HOME ADDRESS (if different)

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CERTIFICATION FOR EUROPEAN TRANSPLANT COORDINATION

TELEPHONE

FAX

E-MAIL

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PRESENT APPOINTMENT (title, department and hospital address)

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PLEASE TICK THE MODULE/S YOU WISH TO APPLY FOR

- 1. **Module 1: Basic Transplant Coordination**
- 2. **Module 2: Donation after Cardiac Death Coordination**.....
- 3. **Module 3: Living Donor Coordination**.....
- 4. **Module 4: Recipient Coordination**.....
- 5. **Module 5: Tissue Donation Coordination**.....

FEES

The amount of 400 euros must be paid to the Section of Surgery of the UEMS/ EBS, stating it is for the Board of Transplant Coordination, Division of Transplantation. This can be done by cheque, money order, or by providing details of a credit card. The amount of 200 euros allows you to be considered for eligibility in all the modules you wish to sit at one session, and 200 euros is the examination fee if you are considered eligible. In the case that you are not found eligible, the 200 euros examination fee will be returned to you.

In exceptional circumstances, an application for a reduced fee can be considered. The reasons for such an application must be clarified.



CERTIFICATION FOR EUROPEAN TRANSPLANT COORDINATION

PLEASE ATTACH CERTIFICATES (TRANSLATED IN ENGLISH IF NOT IN ENGLISH ORIGINALLY) CONFIRMING THAT YOU BELONG TO ONE OF THE FOLLOWING CATEGORIES:

- a. You are a practising transplant coordinator and have completed your basic training as a health care professional in a country which is a member of the EU or the UEMS and have accomplished your transplant coordination training in an official course recognized by the UEMS in EU or UEMS member countries.
- b. You are a practising transplant coordinator and have completed your basic training as a health care professional in a country which is not a member of the EU or the UEMS and have accomplished your transplant coordination training in an official course recognized by the UEMS in EU or UEMS member countries.
- c. You have a temporary or a permanent licence to be trained or practise transplant coordination in EU or UEMS member countries and have accomplished your transplant coordination training in EU or UEMS member countries.

The English-translated certificates need to be co-signed by one of the BTC representatives from the same country as the original certificates. If the member raises any concerns, further documentation may be required.

FORMAL HEALTH CARE EDUCATION

Diplomas and Degrees

Please provide certified copies of the relevant certificates translated in English if not in English originally

Institution	Dates (from-to)	Degree/Diploma
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CERTIFICATION FOR EUROPEAN TRANSPLANT COORDINATION

Years of experience as Transplant Coordinator, please indicate place of employment and position and duration in each place.

Institution	Dates (from-to)	Position
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DECLARATION BY APPLICANT

I wish to apply for Part I (Eligibility) of the Certificate of European Transplant Coordination (CETC) for modules (please circle number/s) 1, 2, 3, 4, 5. I declare that all information provided on this form in support of my application is correct.

Signature

Name in block capitals

Date

Please provide the following documents:

- Certificate of present job as a TC Certificate of Experience as a TC
- A copy of your Valid License as Health Care Professional
- TC Training Diploma(s)/Certificates CV