

ETCO TRAVEL AND COURSE ASSISTANCE GRANTS

CERTIFICATION OF PRESENT JOB AS TRANSPLANT COORDINATOR:

Medical Director: _____

Name of Hospital/Organization: _____

Address: _____

CERTIFY THAT

Name of applicant _____

Is currently working as a transplant coordinator and has been employed by
this organization from (date commenced) _____
to the present day.

NOTE: In the case the applicant is not presently working as a Transplant Coordinator, the Certificate should demonstrate an intention to offer the applicant a position where he/she will work at least part time as a Transplant Coordinator.

Applicant is a current ETCO member (yes/no) _____

Signee is a current ETCO member (yes/no) _____

Signature: _____ Date: _____

(Stamp of your Organization)

Contact details:

Telephone: _____

E-mail: _____

Please send this application with all the required documents to:

ETCO General Secretary
Dr Luboslav Bena
CETC, MD

ETCO Executive Office, C/- Joan Maragall 12,
08360 Canet de Mar, Barcelona, SPAIN
Fax : +34 937 942 658, E-mail: secretariat@etco.org