



European Examination in Medical Microbiology

1.0 APPLICANT INFORMATION

Full Name:

Last

First

Address:

Street Address

City

State

Country

ZIP Code

Phone:

Email

Position

*Are currently a trainee in Medical
Microbiology?*

YES

NO

If yes, how many months of training in Medical Microbiology will you have completed on the first day of May 2022?

Site(s) of Medical Microbiology training?



Are currently a Consultant in Medical Microbiology?

YES NO

If yes, how long will you have been working as a Consultant in Medical Microbiology on the first day of May 2022?

Site(s) of Medical Microbiology training?

2.0 EDUCATION

1. MEDICAL DEGREE

Address of University or College:

DATES:

From: _____ To: _____ Did you graduate? YES NO

2. OTHER DEGREE/QUALIFICATION

Address of University or College:

DATES:

From: _____ To: _____ Did you graduate? YES NO



3. OTHER DEGREE/QUALIFICATION

*Address of
University or
College:*

DATES:

From: _____ *To:* _____ *Did you graduate?* YES NO

4. OTHER DEGREE/QUALIFICATION

*Address of
University or
College:*

From: _____ *To:* _____ *Did you graduate?* YES NO

3.0 REFERENCES:

Please list two referees who have supervised you during your training in Medical Microbiology.

Your Referees will need to confirm that you meet the eligibility criteria to sit this exam, as outlined in the document Terms and Conditions for Candidates applying to sit the European Examination in Medical Microbiology.

Full Name: _____ *Relationship:* _____

Position: _____ *Phone:* _____

Address: _____

Email: _____



I hereby certify that this applicant _____

Meets the eligibility criteria to sit the European Examination in Medical Microbiology,

Signed _____

Full Name: _____ Relationship: _____

Position: _____ Phone: _____

Address: _____

Email: _____

I hereby certify that this applicant _____

Meets the eligibility criteria to sit the European Examination in Medical Microbiology,

Signed _____

4.0 OTHER PROFESSIONAL EXAMINATION IN MEDICAL MICROBIOLOGY:

Have you sat any other professional examination in Medical Microbiology in your own country or another country e.g. FRCPath (UK).

YES

NO

If Yes

Could you please state what examination you sat?



What date you took that examination?

If no,

Do you plan to sit another professional examination in Medical Microbiology in the future e.g. FRCPath (UK)?

YES

NO

If yes,

When do you plan to sit the exam?

5.0 AGREEMENT OF CONFIDENTIALITY

I agree with the following: any breach of confidentiality concerning the content of the examination will be reported to your National Society for Medical Microbiology/Professional Training Body/Organisation, which is represented in the National Notifying Authority of your country, as well as to your referees (trainer / staff member). In addition, such a breach may have consequences in accordance with regulations of the UEMS.

YES

NO

6.0 DISCLAIMER AND SIGNATURE

I have read the terms and conditions of participation in the European Examination in Medical Microbiology.

YES

NO

I accept the terms and conditions of participation in the European Examination in Medical Microbiology.

YES

NO

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____



The application form should be completed online. The application form must be submitted before the closing date, 20th April 2022, together with the following documents:

A scanned copy of the candidate's passport or I.D.

A scanned copy of this form, including the referees' signatures for certification of eligibility (see section 3.0, on page 3 and 4 of this form)

Candidates are responsible for the validity of all documents and the application data.

Supporting documents should be uploaded to this platform, according to the instructions on the registration website page.