

**UEMS MULTIDISCIPLINARY JOINT COMMITTEE**  
**on SPORTS MEDICINE**

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**APPLICATION FORM FOR THE**  
**EUROPEAN BOARD CERTIFICATION BY EQUIVALENCE**

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Application for European Board Certification by Equivalence together with all necessary documents and the copy of the bank proof must be sent in electronic form to the National Manager of your country, to the Chairperson of Certification by Equivalence and the Treasurer.

**Chairperson of Certification by Equivalence:**

**Dr. Andre J.L.C. Debruyne**

**Kiewitstraat 141**

**3500 Hasselt**

**BELGIUM**

**adebruyne@debruyne.com**

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**Registration fees: 300 euros**

Those fees cover all the charges for the Board Certification process. Of course, the Board Certificate will be issued only if all the other requirements have been fulfilled (published in the official website).

**Method of payment:** Payment by bank, in EUROS:

BNP PARIBAS FORTIS

17 Banneuxstraat 3500 Hasselt, Belgium

account nr :001-6261778-19

IBANBE39001626177819

SWIFTCODE (BIC): GEBABEBB.

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**1. GENERAL INFORMATION** (use capitals please)

SURNAME .....

FORENAMES .....

NATIONALITY .....

PLACE AND DATE OF BIRTH.....

TITLE.....

FULL PROFESSIONAL ADDRESS.....

TELEPHONE

PRIVATE ADDRESS.....

PHONE.....

E-MAIL.....

**2. DATE AND PLACE OF BASIC MEDICAL QUALIFICATION:**.....

**3. DETAILS OF SPECIALIST TRAINING:**

First year:.....

Second year:.....

Third year:.....

Fourth year:.....

Fifth year:.....

**4. DATE OF QUALIFICATION AS A SPECIALIST IN SPORTS MEDICINE**

AT THE UNIVERSITY OF.....

- Enclose photocopy of National Certificate

**5. PROFESSIONAL ACTIVITIES/POSTS HELD SINCE SPECIALIST QUALIFICATION:**

To join in annex

**PRESENT POST:**

Date appointed:.....

Institution and Department.....

Head of the Department.....

Description of post:.....

**6. CONTINUING TRAINING**

**MAIN COURSES AND CONGRESSES ATTENDED DURING THE LAST 10 YEARS**

To join in annex

**7. SCIENTIFIC WORK**

- NATIONAL PUBLICATIONS DURING THE LAST 10 YEARS

- INTERNATIONAL PUBLICATIONS DURING THE LAST 10 YEARS

To join in annex

**8. TEACHING ACTIVITY OF SPORTS MEDICINE TRAINEES:**

To join in annex

**9. DATE OF QUALIFICATION AS NATIONAL SPORTS MEDICINE TRAINER**

Enclose photocopy of National Certificate

DATE:

SIGNATURE OF THE CANDIDATE:

**VERIFICATION BY NATIONAL MANAGER :**

DATE:

SIGNATURE OF THE NATIONAL MANAGER:

**DO NOT FORGET: JOIN IN ANNEX -**

- 1. Photocopy of National Certificate as specialist
- 2. Professional activities/posts
- 3. Continuing training
- 4. Scientific work-publications
- 5. Teaching activity
- 6. Photocopy of National Certificate as a Trainer