



**APPLICATION FORM**  
**10<sup>th</sup> EUROPEAN BOARD OF NEUROLOGY EXAMINATION**  
Lisbon, 15 giugno 2018

**DA RESTITUIRE A SEGRETERIA SIN [INFO@NEURO.IT](mailto:INFO@NEURO.IT) ENTRO 18 dicembre 2017**

**PERSONAL DATA**

Mr.  Ms. Title: \_\_\_\_\_

First Name:\* \_\_\_\_\_ Family Name:\* \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Street:\* \_\_\_\_\_ ZIP: \_\_\_\_\_

City:\* \_\_\_\_\_ Country:\*

Phone:\* \_\_\_\_\_

E-mail:\* \_\_\_\_\_ Please note that all further correspondence will be addressed to this email. Please make sure to provide us with a correct address.

Date of Birth:\* \_\_\_\_\_

Passport Number:\* \_\_\_\_\_ Nationality:\* \_\_\_\_\_

\* Required fields

**NEUROLOGICAL TRAINING**

(Scheduled) End of Training:\* \_\_\_\_\_

and/or \_\_\_\_\_

Date of Certification as Neurologist\*: \_\_\_\_\_

\*Candidates, who have not yet been certified should enter a provisional (future) date

Certifying Institution:\* \_\_\_\_\_

Country of Certification:\* \_\_\_\_\_

Please list the institutions where you have been trained according to your national curriculum in neurology:\*

	<b>Institution</b>	<b>Start of Training (MM/YYYY)</b>	<b>End of Training (MM/YYYY)</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____