

GENERAL SURGERY – ELIGIBILITY I

To apply for certification as **F.E.B.S./GenSurg** (Fellow of the European Board of Surgery - General Surgery) a candidate must fulfill the following requirements for eligibility:

1. Eligibility for all exams run by the divisions of the European Board of Surgery is open for candidates trained in one of the 27 European Union countries, a UEMS country (Iceland, Norway and Switzerland) or an associated UEMS country (Armenia, Croatia, Israel and Turkey) or a country with UEMS observer status (Aserbajdschan and Georgia).
2. Eligibility for all exams run by the divisions of the European Board of Surgery is also open to those candidates trained outside the UEMS-area provided that the relevant division is satisfied with the training and qualifications are equivalent.
3. The candidate must be able to communicate in the English language.
4. The candidate must provide a defined **LogBook** countersigned by an independent expert on every page. The LogBook must include general information (surgeon, hospital) and for any item the type of procedure and patient initials or hospital admission number (no information that allows identification of the patient's name). The content of the mandatory LogBook content (minimum: 750 credit points) is published in "**General Surgery – Knowledges and Experiences**".
5. The candidate must have a total of 25 credit points based on the following criteria:
 - Participation at recognised international congress (4 points)
 - Participation at recognised international congress and first authorship (8 points)
 - Participation national congress (2 points)
 - Participation at national congress and first authorship (4 points)
 - Participation at relevant International Postgraduate Course (6 points)
 - Publication (first authorship) in peer reviewed national surgical journal (8 points)
 - Publication (first authorship) in peer reviewed international surgical journal (12 points)
6. Candidates have to be recommended by 2 independent experts. One of the experts has to work in another country than the candidate.
7. Candidates are required to pay the fees for Eligibility I (Euro 350,00) and - if accepted - a further Euro 350,00 to cover Eligibility II (examination) to the EBSQ Administration Office. The Eligibility I sum is to cover the costs associated with the processing of returned application forms by the central EBSQ office and are non refundable.
8. All payments must be effected by the required deadlines and there are no refunds for (Eligibility I) candidates who are deemed ineligible to sit for the EBSQ Gen Surg examination or do not succeed in passing the examination (Eligibility II). In the event that a candidate has paid for Eligibility II and does not attend the examination there will be no refund.

Wolfgang Feil
President Division of General Surgery

EBSQ APPLICATION FORM

FAMILY NAME

FIRST NAMES

NATIONALITY

DATE/PLACE OF BIRTH

ADDRESS FOR CORRESPONDENCE:

.....

.....

TELEPHONE FAX.....

Email address

PRESENT APPOINTMENT:-

TITLE

DEPARTMENT

ADDRESS

.....

DOCUMENTS ENCLOSED

Verified and signed documents following the UEMS Division of GenSurg criteria are enclosed.

- **NATIONAL CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING**
- **POST-CCST SURGICAL TRAINING (minimum 3 years)**
- **25 CREDIT POINTS (based on Eligibility I criteria)**
- **LOG BOOK (based on Eligibility I criteria)**

DECLARATION BY APPLICANT

I wish to apply for PART ONE (Eligibility I) of the European Board of Surgery Qualification based upon assessment of my training experience. I declare that all information provided in support of my application is correct.

Signature..... Date.....

DECLARATION BY TRAINER 1

I have scrutinised this application and declare that to the best of my knowledge the information provided by the candidate concerning his/her training experience is correct.

Signature
PRINT NAME DATE.....
POST HELD
HOSPITAL ADDRESS
.....

DECLARATION BY TRAINER 2

I have scrutinised this application and declare that to the best of my knowledge the information provided by the candidate concerning his/her training experience is correct.

Signature
PRINT NAME DATE.....
POST HELD
HOSPITAL ADDRESS
.....

Please return this form to:
Eligibility Office
European Board of Surgery Qualification (EBSQ)
Chairman: Professor Wolfgang Feil, M.D., M.A.S.
Berufsverband der Deutschen Chirurgen
Langenbeck-Virchow-Haus
Luisenstrasse 58/59
D-10117 Berlin
Tel: +49(0)30-2800 4100 - Fax: +49(0)30-2800 4109 - E-mail: office@uemssurg.org