



**EXTRAORDINARY FEBVS EXAMINER  
APPLICATION FORM**

Examiner Name			
Country			
Date of Beginning			
E-Mail Address			
Mobile Phone number			
Hereby I confirm that this personal data can be used exclusively by the UEMS Section and Board of Vascular Surgery for the FEBVS communication proposes or related with other activities of this Section.	Yes	No	
Date and Signature	_/_/____		

**EXAMINATIONS DATA**

N.	Date/Year	City	N.	Date/Year	City
Gold FEBVS Examiner			16		
1			17		
2			18		
3			19		
4			20		
5			Platinum FEBVS Examiner		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		