



**EAACI**  
EUROPEAN ACADEMY OF ALLERGY  
AND CLINICAL IMMUNOLOGY

**Application form for EAACI/UEMS Knowledge Examination**

**Application is open from February 1<sup>st</sup> to April 1<sup>st</sup>, 2012**

Name

Family Name

Title

Address

E-mail

Date of birth

Location of birth

Nationality

Medical school(s)

from

to

from

to

from

to

Graduated from

Date

List of other training (e.g. PhD):

**Postgraduate Trainings**

Location/area:

Start date:

Finish date:

**Specialisation**

Location/area:

Start date:

Finish date:

**Training in Allergology - Clinical Immunology**

Location/area:

Start date:

Finish date:



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**Additional Degrees (Area and date, e.g. internal medicine or dermatology or pediatrics or allergology, etc.)**

**Scientific Work**

Member of a national EAACI/UEMS-associated Society of Allergology/Clinical Immunology:

Yes / Name of Society:

No

Member of EAACI:  Yes, EAACI Member Nr:   No

Member of UEMS:  Yes, UEMS Member Nr:   No

**Already Passed a National Exam?**

Yes  No  Not applicable

**Supervisors of Training Curriculum in Allergology/Clinical Immunology**

Name		E-mail	
Address			
Name		E-mail	
Address			

**References**

**Cost for Examination:**

EAACI Member	EUR 250 – <i>Reduction possible upon request</i>
Non EAACI Member	EUR 400

**Payment:** You will be billed upon acceptance to the examination by the EAACI or UEMS

**Application** for reduced fee enclosed  Yes  No  
 (Applications from low income countries will be favorably reviewed)

**Submit to:**

EAACI Headquarters  
 Sladjana Scepan, Education and Specialty Manager  
 Genferstrasse 21, 8002 Zurich, Switzerland  
 Telephone: +41 44 205 55 33  
 Fax: +41 44 205 55 39  
 E-Mail: [education@eaaci.org](mailto:education@eaaci.org)