# Application for European certification in Paediatric Allergology, ETC-PA

First name and family name

Address

e-mail address Date of birth yyyy-mm-dd

Place of birth Nationality

Medical school(s)

Date of certification yyyy-mm-dd

Scientific work, See c.v. (enclosed), Certificate of possible doctoral thesis attached.

Member of national Allergology society? No Yes

Member of national Paediatric Allergology society? No Yes

Member of SP-EAACI No Yes

National specialist Paediatrics yyyy-mm-dd

National specialist Paediatric Allergology (if applied) yyyy-mm-dd

Payment upon acceptance of the application you will be billed by the ETC-PA

*Applicants signature Representative to ETC-PA, print and signature National representative ETC-PA*

**Scanned copy of the signed original** and other documents should be sent by e-mail to the *National representative ETC-PA,* who should sign and rescan It and then send all the documents to the President and Secretary of ETC-PA