

Application for Joining the Exchange Training Programme in Critical Care Medicine

Name						
Address Date of Birth	12	Country of	hinth	ı		
Spoken language(s)*		Country of				
* English: On a scal	e of 1-5 level of fluency. 5-being "perfec	ct".				
Department		Centre				
lity		ZIP code/Postal code				
Country Fax		Phone Email				
EACTA membership		<u> </u>		<u> </u>		
Trainee prefer	ences:					
	Are you interested in: general enha	ncement of	f your train	ning?	☐ Yes	□ No
	Earning a skill/technique?				☐ Yes	□ No
Clinical Interes						
	Perioperative medicine		☐ Yes	□ No		
	Circulatory failure		☐ Yes	□ No		
	Respiratory failure		☐ Yes	□ No		
	Ventilation management		☐ Yes	□ No		
	Haemodynamic monitoring and con	ntrol	☐ Yes	□ No		
	Gastrointestinal failure		☐ Yes	□ No		
	Neurological failure		☐ Yes	□ No		
	Cardiovascular and thoracic traum	ıa	□ Yes	□ No		
	Infectious diseases		☐ Yes	□ No		
	Coagulation disorders		☐ Yes	□ No		
	Equipment and technology in ICU	settings	☐ Yes	□ No		
	Sedation and analgesia for ICU pat	tients	☐ Yes	□ No		
	Nutrition for critically-ill patients		□ Yes	□ No		
	Transfer/ discharge of critically-ill	patients	□ Yes	□ No		
	Ethics in Critically-ill patients	_	☐ Yes	□ No		
Preferred host Host Center must be	centre e selected from the list of Participating ce	enters availa	able on the	EACTA v	vebsite	
	Choice (1)					
	Choice (2)					
	Choice (3)					
If the chosen Host Ce Clinical Simula	nters are not available, would you accept so	me centers s	uggested by	EACTA?	□ Yes	□ No



				C	European Association of ardiothoracic Anaesthesiolo
Preferred M	onths				
□ January □ July	☐ February ☐ August	☐ March☐ September	□ April □ October	☐ May☐ November	☐ June☐ December
Specific lega	l or other requi	rements of an at	tending trainee:		
	EU license to	practice	□ Yes	□ No	
	Specialist/Rea		□ Yes	□ No	
	EU Citizen/R		□ Yes	□ No	
	Non-EU Citiz		□ Yes	□ No	
	Eligible for E	ntry Visa	□ Yes	□ No	
Educational					
	Year of Grad	uating University			
	Awards at Ur	niversity	☐ Yes	□ No	
	Year of specia	alization (Anaesthes	iology/Critical Care)		
	EDAIC Part	I/ Others	☐ Yes	□ No	
]	f yes, year		
	EDAIC Part	II Others	☐ Yes	□ No	
		1	f yes, year		
	Year of Grad	uating as Doctor			
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	Year of Grad	uating as Master			
Professional					
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