



**Please send your application form to :**

Dr. Frank Van Praet

O.L. Vrouw Ziekenhuis

Moorselbaan 164, B-9300 Aarlst

Tel : +32 (53) 72 45 99 – Fax : +32 (53) 72 45 52 – [frank.van.praet@olvz-aalst.be](mailto:frank.van.praet@olvz-aalst.be)

## **APPLICATION FOR MEMBERSHIP**

**deadline for receipt : 1 September**

for approval at General Assembly in November of the same year

**Member**     **Junior Member**

**Cardiac**     **Thoracic**     **Cardio-Thoracic**

**Family Name :** .....

**First Name :** .....

**Date of Birth :** .....

**Address Home :**

.....  
.....  
.....  
.....

Tel : .....  
Fax : .....  
E-mail : .....  
URL : .....

**Address Professional :**

.....  
.....  
.....  
.....

Tel : .....  
Fax : .....  
E-mail : .....  
URL : .....

**M.D. Graduation :**

Year .....  
Medical School .....

**Training in General Surgery :**

Center(s) : .....  
.....  
.....

period (1) : .....  
.....  
.....

**Specific training in cardiothoracic surgery :**

.....

.....



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**Other field(s) of specific training :**

Center(s) :	period (1)
.....	.....
.....	.....
.....	.....

**Previous Hospital Appointments :**

.....

**Actual Hospital Appointment address :**

.....	Tel :	.....
.....	Fax :	.....
.....	E-mail :	.....
.....		
.....		

**Academic Appointments :**

.....

.....

.....

Please list operative activities personally performed during the last two years and personally performed in the field of cardiac and/or thoracic surgery : (specify per category e.g. cardiac, pulmonary, oesophageal etc ...)

		<u>Pesonally performed</u>	<u>Assisted</u>
Heart :	Valves		
	CABG		
	Congenital		
Lung :	Resections		
	Other		
Oesophagus :	Resections		
	Other		
Mediastinum :			
Chest wall :			
Diaphragm :			
Transplantations :	Heart (-lung)		
	Lung		



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**What is the proportion of your cardiothoracic activities in relation to all your operative activities ?**

- 100 %
- 50-100 %
- 25-50 %
- <25 %

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**What is your specific field of interest :**

- Cardiac :
  - Coronary
  - Valves
  - Congenital
  
- Thoracic :
  - Pulmonary
  - Oesophageal
  - Pediatric thoracic
  
- Other fields :

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**Is cardiac surgery structured as a specific entity within the department of surgery of your hospital ?**

- yes
- no

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**Is thoracic surgery structured as a specific entity within the department of surgery of your hospital ?**

- yes
- no

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**Is vascular surgery structured as a specific entity within the department of surgery of your hospital ?**

- yes
- no

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**Please add the organigram specifying the responsible surgeon for :**

- cardiac surgery
  - thoracic surgery
  - vascular surgery
-



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**Please add list of publications**

I hereby declare that I am dedicating the essential of my professional activities to cardio thoracic surgery.

Singnature : .....

**Name and signature of sponsors :**

1.

2.

**Both sponsors have to be ordinary members and  
one sponsor must be a member of the Board of Directors**

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**Name of 3 colleagues to be contacted for further information :**

1.

2.

3.

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