

Please send your application form to :

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APPLICATION FORM 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 :

.....

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)

		Personally performed	Assisted
Heart :	valves		
	CABG		
	congenital		
Lung :	resections		
	other		
Oesophagus :	resections		
	other		
Mediastinum :			
Chest wall :			
Diaphragm :			
Transplantations :	heart(-lung)		
	lung		

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

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

What is your specific field of interest :

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

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

- yes
- no

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

- yes
- no

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

- yes
- no

Please add the organigram specifying the responsible surgeon for :

- cardiac surgery
- thoracic surgery
- vascular surgery

Please add list of publications

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

Signature :

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](#)**

Name of 3 colleagues to be contacted for further information :

1.

2.

3.