

Application to approve a Colposcopy Basic Course by the EFC (This application form needs to be done in English and send to Dr Amelia Pedro: amelia.pedro@cuf.pt and to EFC Secretariat: efcsecretariat@thetriumph.com)

| Member Country: (EFC will only approve courses organized by the national societies) | |
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| Name of the submitting person: | |
| E-mail address of the submitting person: | |
| • Content: based on the EFC Core Curriculum (see note 1) | □Yes |
| • Duration: at least 360 minutes (not including breaks) | □Yes |
| Post-course Evaluation: will use EFC evaluation form (see note 2) | □Yes |
| Programme attached | □Yes |
| • A fee of 100.00 Euro has been sent to: | □Yes |
| KBC Brussels Arenberg-Horta Address: Rue d'Arenberg 11, 1000 Bruxelles, Belgium IBAN No: BE11736051039848 BIC (Swift Code): KREDBEBB Reference: (Your Country name) NB: Approval will be for a period of 3 years. After that time you will be required to | submit a |
| new application. Date: | |
| Signature: | |