



Please fill in all required fields and send to [eactaic@aimgroup.eu](mailto:eactaic@aimgroup.eu)

### Application for Joining the Exchange Training Programme in Critical Care Medicine

<b>Name</b>			
<b>Address</b>			
<b>Date of Birth</b>		<b>Country of birth</b>	
<b>Spoken language(s)*</b>		<b>Country of practice</b>	

\* English: On a scale of 1-5 level of fluency. 5-being "perfect".

<b>Department</b>		<b>Centre</b>	
<b>City</b>		<b>ZIP code/Postal code</b>	
<b>Country</b>		<b>Phone</b>	
<b>Fax</b>		<b>Email</b>	
<b>EACTA membership number</b>			

#### Trainee preferences:

- Are you interested in: **general enhancement of your training?**  Yes  No  
**Earning a skill/technique?**  Yes  No

#### Clinical Interests:

- Perioperative medicine**  Yes  No  
**Circulatory failure**  Yes  No  
**Respiratory failure**  Yes  No  
**Ventilation management**  Yes  No  
**Haemodynamic monitoring and control**  Yes  No  
**Gastrointestinal failure**  Yes  No  
**Neurological failure**  Yes  No  
**Cardiovascular and thoracic trauma**  Yes  No  
**Infectious diseases**  Yes  No  
**Coagulation disorders**  Yes  No  
**Equipment and technology in ICU settings**  Yes  No  
**Sedation and analgesia for ICU patients**  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 centre

Host Center must be selected from the list of Participating centers available on the EACTA website

<b>Choice (1)</b>	
<b>Choice (2)</b>	
<b>Choice (3)</b>	

If the chosen Host Centers are not available, would you accept some centers suggested by EACTA?  Yes  No

#### Clinical Simulation Interests:



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### Preferred Months

- |                                  |                                   |                                    |                                  |                                   |                                   |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March     | <input type="checkbox"/> April   | <input type="checkbox"/> May      | <input type="checkbox"/> June     |
| <input type="checkbox"/> July    | <input type="checkbox"/> August   | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

### Specific legal or other requirements of an attending trainee:

- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| EU license to practice  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Specialist/Registrar    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| EU Citizen/Residency    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Non-EU Citizen          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eligible for Entry Visa | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Educational

- Year of Graduating University
- Awards at University  Yes  No
- Year of specialization (Anaesthesiology/Critical Care)
- EDAIC Part I/ Others  Yes  No
- If yes, year \_\_\_\_\_
- EDAIC Part II Others  Yes  No
- If yes, year \_\_\_\_\_
- Year of Graduating as Doctor
- Year of Graduating as Master

### Professional Profile

#### Research (Publications, Lectures, Communications, Posters)

#### Job Experience

<b>Anesthesiologist Current position</b>
<b>Teaching Experience</b>

### Personal Signature