

Information Form

Fostering Dermatology and Venereology See My Private Practice/Office

We wish to thank you once again for having responded to the call to be a host private practice office for the 2 hour visits by EADV members in connection with the See my Practice initiative.

We remind that this initiative's intention is to offer short visits to the most busy private practitioners/specialist who wishes to see another private practice office while on vacation either in one's own country or abroad or just before or after attending a scientific medical event (if possible). The current list of host private practices/offices is accessible on the following website:

<http://www.eadv.org/> -> Fostering.

We would like to have the most up-to-date contact details and information for this program on our file. Therefore, hoping that you still wish to be part of this initiative, you should complete the form below concerning your private practice office:

Head of Private Practice Office:

Contact person for arrangement of visit:

Name of Private

Practice Office:

Street + N°

Address: Postcode +

City

Country

Email address:

Phone number:

Fax number:

Tick box whether
(and where
required, precise & list):

General Dermatology

Specialized in:

No. of department members: _____

Clinics and other activities
for the visitor to attend: _____

Visitor would be allowed to

- examine patients
- do a procedure
- be an observer only

Required language skills: _____

Max. number of visits per year: _____

Administrative / local conditions for visitors (required documents, tests, etc):

Any health requirements (e.g. immunisations)?

Would there be any charges (e.g. for processing / issuing observer contract?):

no

yes ___ € for _____

**Thank you for kindly returning this completed form to the EADV Office
by e-mail to fostering@eadv.org or fax to +32 2 650 00 98.**