



EFIM EXCHANGE PROGRAM

Application form

PERSONAL DETAILS	
Last name:	First name:
Date of birth:	Nationality:
Current position:	Year of residence:
Street address:	
City:	Postal Code:
Country:	National Society:
E-mail:	Telephone:
Travel /medical insurance details:	

EXCHANGE REQUESTED	
Centre name (first option):	
Beginning date:	Ending date:
Centre name (second option):	
Beginning date:	Ending date:

LANGUAGES		
Language	Indicate Native, Proficient, Advanced or Intermediate	
	Level	Accreditation
English		

COMMENTS OR ADDITIONAL INFORMATION

DOCUMENTS YOU MUST SUBMIT WITH THIS APPLICATION FORM

- Curriculum vitae.
- Statement of purpose for the Exchange Program tutor.
- Letter of support from your National Society.

This application form should be submitted by e-mail to:

EFIM Secretary

Aneta.Trajkovska@congrex.com

EFIM Exchange Program

Eligibility criteria

1. The resident must speak fluent English.
2. The resident must have completed at least the first two years of medical residency in Internal Medicine.
3. The resident must have current and valid health insurance during the period of stay in the receiving country.
4. The resident must have the support of the National Society of Internal Medicine of their country.
5. The resident should establish prior contact with the tutor in order to obtain information about the equipment for the training period.
6. The resident must have the same workload as the residents of the specialty of Internal Medicine in the receiving country (if possible).
7. The resident will have to do a final report of the exchange which will include:
 - The main differences between the two countries in terms of health care systems.
 - The main differences in the management of a particular topic or illness in both countries.
 - The final report should be released no later than a month after the experience concluded.