



European Board of
Physical and Rehabilitation Medicine

Collège Européen de
Médecine Physique et de Réadaptation

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Ceravolo

Pr. Mauro Zampolini

Dr Wim Janssen



RECERTIFICATION APPLICATION FORM

**Collective application organized by the Swiss Society of
Physical and Rehabilitation Medicine
(this form is valid only for Swiss Fellows and Senior Fellows)**

NAME (Prénom / Vorname):

SURNAME (Nom de famille / Familienname):

TITLE:

MALE/FEMALE:

DATE OF BIRTH:

NATIONALITY:

POSTAL ADDRESS

a. home:

b. work:

COUNTRY: SWITZERLAND

E-MAIL ADDRESS:

FAX:

Mobile:

Tel. Home:

Tel. Office:

NAME OF WORK INSTITUTION:

POSITION AT WORK:

DATE OF FIRST BOARD CERTIFICATION*:

NUMBER OF THE OLD BOARD CERTIFICATION DIPLOMA*:

- * *Si vous n'avez pas le certificat sous la main, on cherchera ces données pour vous*
- * *Sollten Sie das Zertifikat nicht zur Hand haben, suchen wir diese Angaben für Sie*
- * *If you dont have the certificate at hand, we will search for the number of your certificate*

How did you acquire your first Board certification ? Wie haben Sie Ihr erstes Board Zertifikat erworben ? / Comment avez-vous obtenu votre premier certificat du Board ? (please tick / bitte ankreuzen / veuillez cocher svp)

Examination of the European Board of Physical and Rehabilitation Medicine / Teilnahme am schriftlichen Teil der Facharztprüfung für PMR / Participation à la partie écrite de l'examen de spécialité de MPR

By equivalence / durch ein Äquivalenzverfahren / par une procédure d'équivalence

I, the undersigned, wish to be Board Recertified.

Signature:**

Date:

***Please print out the completed form and insert your handwritten signature before sending your application via post to the below-mentioned address.*

For office use

The Swiss PRM specialist named above has fulfilled his compulsory CME/CPD duties according to the rules of the Swiss Federation of Physicians FMH and the Swiss Society of Physical and Rehabilitation Medicine during the last 9 years (minimum of 80 hours of various CME/CPD activities per year). Therefore, she/he is allowed to participate to the collective application for recertification organized by the Swiss Society of Physical and Rehabilitation Medicine.

For the Swiss Society of Physical and Rehabilitation Medicine:

To be sent to the office of the Swiss Society of Physical and Rehabilitation Medicine with a copy of the old Board Certificate.

Envoyer à l'adresse ci-dessous par poste ou email en joignant si possible une copie de l'ancien certificat du Board

Formular wenn möglich mit einer Kopie des alten Board-Zertifikates an die folgende Adresse per Post oder E-Mail senden

**Société Suisse de Médecine physique et Réadaptation/
Schweizerische Gesellschaft für Physikalische Medizin und Rehabilitation
Sennweidstrasse 46
6312 Steinhausen**

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