



European Board of
Physical and Rehabilitation Medicine

Collège Européen de
Médecine Physique et de Réadaptation

President

Secretary General

Treasurer

Pr. Maria Gabriella
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**

sekretariat@reha-schweiz.ch

Tel.: +41 (0) 748 07 27

Fax:+41 (0) 748 07 28