|  |  |
| --- | --- |
| **EUROPEAN BOARD OF PHYSICAL AND REHABILITATION  MEDICINE**  EUROPEAN UNION OF MEDICAL SPECIALISTS  Union Européenne des Médecins Spécialistes | Logo - board official - small |

# Application FORM FOR THE

# EUROPEAN bOARD CERTIFICATION BY EQUIVALENCE

**Certification of PRM Doctors by Equivalence for senior PRM doctors trained or specialised in UEMS full member countries, Israel, Serbia or Turkey**

**PLEASE CHECK IF YOU ARE ELIGIBLE FOR CERTIFICATION BY EQUIVALENCE BEFORE APPLYING**

**(CF. RULES ON THE WEBSITE OF THE EUROPEAN BOARD OF PRM)**

Application for European Board Certification by Equivalence together with all necessary documents and the copy of the bank proof must be sent in electronic form to the National Manager of your country, to the Chairperson of Certification by Equivalence and the Treasurer.

**Chairperson of Certification by Equivalence: Dr. Rolf Frischknecht**

[rf-ch.ebprm@bluewin.ch](mailto:rf-ch.ebprm@bluewin.ch)

**Registration fees:** 300 euros

Those fees cover all the charges for the Board Certification process. Of course, the Board Certificate will be issued only if all the other requirements have been fulfilled (published in the official website).

**Method of payment:**

**Payment by bank,** in EUROS, account of the UEMS PRM Section:

## Bank: BNP Paribas Fortis, Montagne du Parc 3, Brussels, Belgium,

Account name: AISBL UEMS/S.PHYS.& REHAB.,

IBAN BE57 0016 7441 7535

SWIFT/BIC GEBABEBB

**PLEASE FILL IN YOUR DETAILS:**

**Country: ……………………………**

**Name of National Manager (cf. website of the Board): …………………………**

**Family Name: ………………………………………**

**Forename(s): ……………………………………**

**Place and Date of Birth (dd/mm/yyyy): …………………………………**

**Nationality: …………………………………**

**Title: …………………………………**

**Private address (optional)**

Street and number: …………………………………….

Postcode:………………………………………………..

Town: ………………………………………………..

Province: …………………………………………..

Country: ………………………………………….

Phone numbers (with country code)

1) …………………………………

2) …………………………………

**Working place:**

Institution: ……………………………

Street and number: ……………………………

Postcode: …………………………………….

Town: …………………………………….

Province: …………………………………….

Country: …………………………………….

Phone numbers (with country code)

1) …………………………………….

2) …………………………………….

**E-mail:** …………………………………….

Address where the diploma should be sent in case it can’t be handed over to you directly by the National Manager of your country:

home address working place

**The information included into the application will be processed as follows:**

The content of this application form and the data provided as annexes will be verified by the National Manager of the country of residence and/or country of training and certification of the applicant and transmitted to the Secretaries of the UEMS PRM Board and the Chairperson of Certification by Equivalence.

The Chairperson of Certification by Equivalence will circulate the application amongst the member of the Executive Committee and the Jury of the European PRM Board of UEMS. After the decision of the Jury to certify / not to certify the applicant, the application will be archived according to the data protection policy of the UEMS PRM Board. The contact details submitted herewith including the e-mail address will be used for all exchanges between the applicant and the PRM Board of UEMS until the final decision about the applicant’s eligibility for certification by equivalence is reached.

Thereafter the email address, phone number and postal address might be used by the UEMS PRM Board and its National Managers to communicate with applicant regarding recertification as a Fellow, about Educative & Scientific Events, European Schools and Publications organized or endorsed by the European Board of PRM or the European society of PRM. The email address will be included in the newsletter mailing list of the UEMS PRM Board.

I accept my Firstname(s), Family Name and country of residence to be published in the list of Fellows, on the website of the PRM Board of UEMS.

I have read and accept the Privacy and Data Protection Policy of the PRM Board of UEMS, published in the frontpage of its official website: <https://uems-prm.eu/privacy-and-data-security-policy/>

**I wish to apply for certification by equivalence by the European PRM Board of UEMS and I agree the information provided through this application to be processed and used as outlined above.**

DATE: ………………………………….

SIGNATURE OF THE APPLICANT: **………………………………………………………**

**VERIFICATION BY NATIONAL MANAGER** :

**DATE: …………………………………….**

**SIGNATURE OF THE NATIONAL MANAGER: …………………………………….**

**DO NOT FORGET: JOIN IN ANNEX**

* **Photocopy of your National Certificate as a PRM specialist**
* **Questionnaire below (pages 4 to 15 of this form)**
* **List of publications on PRM subjects (see pages 13 to 15 of this form)**

**Questionnaire:**

1. **Basic Medical degree :** I hold a basic medical qualification issued by a competent authority of a UEMS full member country, Israel, Serbia or Turkey (or a certificate of equivalence issued by such an authority):

Country: …………………………………….

Issuing authority (government office, university etc.): …………………………………….

Year: …………………………………….

1. **Training :** I have been trained as a medical PRM specialist in a UEMS full member countries, Israel, Serbia or Turkey

Training Sites:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of Institution | Country | Rate of employment (full time equivalents) | Name and Position of the supervisor of training |
| 1st year |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 2nd year |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 3rd year |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 4th year |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 5th year |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 6th year |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Qualification as a medical specialist in PRM:** I hold a valid qualification as a medical specialist in PRM issued by a competent authority of a UEMS full member countries, Israel, Serbia or Turkey (or a certificate of equivalence issued by such an authority):

Country: …………………………………….

Issuing authority (government office, university etc.): …………………………………….

Year: …………………………………….

PRM Subspecialties (if applicable):

Denomination: …………………………………….

Year: …………………………………….

Denomination: …………………………………….

Year: …………………………………….

1. **Practice:** I practiced of the medical specialty of PRM in UEMS full member countries, Israel, Serbia or Turkey for at least 7 years:

*Please fill in the table dedicated to your employment as a PRM medical specialist under point 6.1. Only working periods after the qualification as a PRM specialist are considered.*

1. **CME / CPD credits :** I am able to document 250 CME / CPD credits collected from CME / CPD activities during the 5 years preceding the application, or The country I am working has a national compulsory CME/CPD program:

The country I am working has a national compulsory CME/CPD program: **yes/no**

*If your answer is* ***no****, please fill in the table dedicated to your CME/CPD activities over the last 5 years at the end of the form. If you answered* ***yes*** *leave this table empty.*

1. **Activity related points (a minimum of 45 points is needed for certification by equivalence):**

Please describe your activities in each of the domains below providing all the details the form is asking for. You may insert more rows in tables as needed.

* 1. **Clinical Experience**
  2. **Leader of a multi-professional rehabilitation team**
* Work in a hospital or private practice as a medical PRM specialist (1.5 points / year and equivalent of full time employment)
* Practise PRM as a leader of a multi-professional rehabilitation team comprising medical rehabilitation specialists and at least 4 professions allied to rehabilitation medicine (1.5 points / year and equivalent of full time employment)

**Codes for the professions integrated into the multiprofessional rehabilitation team:** 1 PRM medical specialists; 2 rehabilitation nurses; 3 physiotherapists; 4 occupational therapists; 5 clinical psychologists; 6 neuropsychologists; 7 speech therapists; 8 social workers; 9 techniciens for orthotics and prostetics; 10 others, please specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Institution** | **Domain of rehabilitation** | **Country** | **Period of employment** | | **Rate of employment** | **Responsibility for the rehabilitation team** | **Professions integrated into the multiprofessional team** | **points** |
| indicate name and address |  |  | from (dd/mm/yyyy) | to (dd/mm/yyyy) | indicate full time equivalents full time = 1.00 | Yes = Y, No = N | indicate the code of each profession involved: e.g. 1,2,3,5,8 (see list above) |  |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |

**6.3. Teaching activities:**

* Formal teaching of PRM subjects to medical students, PRM trainees or students for professions allied to Rehabilitation Medicine for more than 2 years at the time of the application
  + teaching pregraduate medical students 2.5 points for ≥ 10 hours/year, 5 points for ≥ 20 hours/year
  + teaching postgraduate PRM trainees 2.5 points for ≥ 10 hours/year, 5 points for ≥ 20 hours/year
  + teaching pregraduate professions allied to PRM 1.5 points for ≥ 10 hours/year, 3 points for ≥ 20 hours/yea

**Codes for the type of teaching to students and trainees :** 1 pregraduate medical students; 2 postgraduate PRM trainees; 3 pregraduate professions allied to PRM (rehabilitation nurses, physiotherapists, occupational therapists , social workers etc.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Institution where the teaching takes place** | **Description of the teaching activity** | **Type of formal teaching** | **Period of employment** | | **Number of hours of formal teaching at the time of application** | | **points** |
| indicate name, address and country | Give a short description | Code 1, 2 or 3 see above | Starting (dd/mm/yyyy) | Ending (dd/mm/yyyy) | ≥ 10 hours | ≥ 20 hours |  |
| 1 |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |

* 1. **Training activities up to a maximum of 15 points :**
* Practice of PRM in a nationally recognized training centre for medical PRM specialists and involved in the clinical education of PRM specialist trainees
  + in a EBPRM certified training centre 1.5 points / year and equivalent of full time employment, up to a maximum of 15 points
  + in a training centre which is not certified by the EBPRM 1 point / year and equivalent of full time employment, up to a maximum of 10 points
* Qualification as a medical trainer in PRM:
* Country: ………………………………..
* Issuing authority (government office, university etc.):
* Year: ………………………………..

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Institution** | **Domain of rehabilitation** | **Board certified institution** | **Description nof the teaching activity** | **Period of employment** | | **Rate of employment** | **Responsibility for the rehabilitation team** | **points** |
| indicate name, address and country |  | Yes = Y  No = N |  | from (dd/mm/yyyy) | to (dd/mm/yyyy) | indicate full time equivalents full time = 1.00 | Yes = Y  No = N |  |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |

* 1. **Activity in professional organisations** of **PRM medical specialists to a maximum of 10 points :**
* Involvement in national, European or international professional organisations of PRM medical specialists:
  + as an executive committee member or committee chair person : 1 point /organisation / year up to a maximum of 10 points
  + as a national delegate or expert: 0.5 points /organisation / year up to a maximum of 5 points

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Professional organisation** | **Country** | **Status of the organisation** | **Activity /**  **Position hold** | **Period of activity / holding the position** | | **points** |
| indicate name and address |  | National = N  European = E  World = W |  | from (dd/mm/yyyy) | to (dd/mm/yyyy) |  |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |

* 1. **Activity in rehabilitation or disability related patient’s organisations up to a maximum of 10 points:**
* Involvement in rehabilitation or disability related patient’s organisations (NGO’s) as medical advisor, executive committee member or committee chair person
  + Regional organisations 0.25 points/organisation/year up to 2 points
  + National organisations 0.5 points / organisation/year up to 5 points
  + International Organisations 0.5 points / organisation /year up to 5 points

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patients organisation** | **Country** | **Status of the organisation** | **Activity /**  **Position hold** | **Period of activity / holding the position** | | **points** |
| indicate name and address |  | National = N  European = E  World = W |  | from (dd/mm/yyyy) | to (dd/mm/yyyy) |  |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |

* 1. **List of publications on PRM subjects (up to a maximum of 35 points)**:
* For **publications on PRM subjects (scientific, clinical or educational)**, credit points are given according to the type of publication, the journal and the applicant’s contribution. A maximum of 35 points are taken into account. **Please present your publication list** divided into the following categories:

**6.7.1. International peer-reviewed PRM journals indexed in: Pubmed/Medline, ISI-SCI or Excerpta**

**6.7.2. National peer-reviewed PRM journals**

**6.7.3. National peer-reviewed non PRM journals**

* + 1. **International or national not peer-reviewed PRM journals**
    2. **PRM related books you authored**
    3. **PRM related books where you acted as a scientific editor**
    4. **Chapters in books reviewed by the editors of the book**
    5. **Chapters in books not reviewed by the editors of the book**
    6. **Master-, MD- and PhD-thesis which are not printed as scientific papers or books**

*Your publications must be presented in the standard format approved by the International Committee of Medical Journal Editors* [***http://www.icmje.org****)*](http://www.icmje.org))*.*

*Please make sure you include also the number of the last page of your paper or book chapter.*

*Only original papers, meta-analysis, review papers, case reports and letters should be listed.* ***Do not include any abstract****.*

*For books presented as a whole, the total number of pages must be included. The same applies to a Master-, MD- or PhD- thesis.*

* Points are given as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRM subjects (scientific, clinical or educational)** |  | Original papers, meta-analysis | Review papers, case reports | Letters |
| International journals\* | peer-reviewed | 8 | 4 | 2 |
| National PRM journals | peer-reviewed | 4 | 2 | 1 |
| National non PRM journals | peer-reviewed | 3 | 1 | 0.5 |
| International or national PRM journals | not peer-reviewed | 1 | 0.5 | 0 |

\* indexed in one of the main scientific databases: Pubmed/Medline, ISI-SCI, Excerpta etc.

First and last authors receive 100% of the credits points mentioned above, second and second last authors 50%. All other authors receive 25% of the credits points mentioned above.

|  |  |  |  |
| --- | --- | --- | --- |
| **PRM related books or PRM subjects in books (scientific, clinical or educational)** |  | in English | other language |
| Authors of PRM related books |  | 30 per book | 20 per book |
| Scientific editor of a PRM related book |  | 30 per book divided by the number of editors | 20 per book divided by the number of editors |
| Chapters in books \* | review by editors | 3 | 2 |
| not reviewed by editors | 2 | 1.5 |
| Master- MD- and PhD-thesis which are not printed as books | These credit points can’t be awarded if the content has been published as papers in PRM journals and the credit points for these are claimed under « publications in scientific journals » | 15 | 10 without English summary  15 with English summary |

\* First and last authors receive 100% of the credit points mentioned above, second and second last authors 50%, all other authors receive 25% of the credit points mentioned above.

In the case of a voluminous book or chapter the Jury of the European Board of PRM can increase the credit points up to the double of the credit points in the table above.

Printed MD and PhD thesis on PRM subjects are considered as books.

1. **CME / CPD credits**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of the CME/CPD event | **Place** | **Organizer** | **Status** of the CME/CPD event  Local = L  National = N  European = E  World = W | **Date / Period**  from (dd/mm/yyyy) to (dd/mm/yyyy) | | **Number of Credits given by the organizer or official authority**  **(1 h = 1 credit)** | **Credits claimed for this application** | **Office use** |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |