



ASSOCIATION FOR EUROPEAN PAEDIATRIC AND CONGENITAL CARDIOLOGY

AEPC EXAM IN PAEDIATRIC CARDIOLOGY

STATEMENT TO BE UPLOADED WITH EXAM REGISTRATION

Name of exam candidate: _____

Centre of training or work place
(centre name, city, country): _____

Start date of training
(minimum 18 months before the exam): _____

Name of the responsible head of the department
(training centre or work place): _____

Statement of the responsible trainer / head of the Paediatric Cardiology Department (tick the relevant box)

Herewith I state, that _____ is currently

being trained in Paediatric Cardiology

or

working as a Paediatric Cardiologist after having finished training

in the above mentioned centre under my supervision / responsibility.

Date

Signature