



*The Scandinavian Society of Anaesthesiology
and Intensive Care Medicine*

Application form

for the third

SSAI Advanced Educational Programme in Critical Emergency Medicine

Name
Title
Home address
Work address
Country
E-mail (home/work)
Phone (home/work)
Host clinic (-s) / unit (-s) during the two years of clinical work: (Unit, Department, Hospital, duration)

I hereby apply for the SSAI Advanced Educational Programme in Critical Emergency Medicine.

Date and signature of the applicant

I hereby confirm that we will serve as host clinic (see Programme Description for definition and requirements) for the above mentioned applicant.

Date, signature and name in capital letters of the chairman / director of the host clinic