



EUROPEAN PROSTHODONTIC ASSOCIATION

COMMITTEE FOR THE RECOGNITION OF PROSTHODONTIC SPECIALISTS IN EUROPE

WWW.epadental.org

EPA SPECIALIST RECOGNITION APPLICATION FORM

GUIDANCE ON COMPLETING THE FORM – On Screen

The following should be read in conjunction with the online application form for EPA specialist recognition in Prosthodontics

Please complete all questions which apply to you. However because of differences between countries some questions may be inappropriate or there is no local equivalence. In these case please enter N/A as not applicable.

1 About You

1.1 **Title** (Mr/Mrs/Dr etc.)

Insert the title you wish to be used in correspondence

1.2 **Given name(s)** (as shown in your passport)

This should be the first name that you use in your passport.

1.3 **Family name** (as shown in your passport)

This should be your current family name as shown on your passport. If you have changed name recently but not yet changed your passport name please explain the circumstances as free text.

1.4 **Sex/Gender**

1.5 **Former Name** – Name(s) you have previously been known by.

Enter any previous family names and indicate which one you were known by when you first graduated as a dentist

1.6 **Date of Birth**

Please enter in the format day/month/year

1.7 **Place of Birth**

The town where you were born

1.8 **Country of Birth**

The country in which you were born

1.9 **Nationality**

Your nationality

1.11 **EPA Registration Number**

Please enter your EPA registration number if known. In future it will be necessary to use this number in all communication

1.12 **Identity Card Number**

Please enter your national identity number if you are from a country which has one.

1.13 **Passport Number**

Please enter your passport number for your main passport. If you have a second passport please enter that number and the country of issue.

2 Your Contact Details

2.1 **Your full residential address** include postal/zip code and country

Please enter your full address for contact

2.2 **Work telephone number** (including international code)

Please enter full work contact telephone with the international code

2.3 **Home (landline) telephone number** (including international code)

Please enter your home telephone with international code



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2.4 Your mobile/cell telephone number

Please enter your mobile telephone number

2.5 Email address

Please enter your email address carefully

2.5a Email Address

Please reenter to ensure it is correct. If not correct you will be advised

3 Your Initial Registration / Licence Details

3.1 Date of First Dental Registration/Graduation – The date you were allowed to start working as a dentist without supervision

Enter the date you were first registered as a dentist and allowed to practice independently

3.2 First Dental Registration Number – The identification number issued by the official licensing body

Please enter your first registration number given to you by your official registration body

3.3 Name and Address of the Official Registration Body – The body that is responsible for your dental registration / licence

Please enter the full title and address of the official body which allowed you to practice dentistry

3.4 Telephone number of the Official Registration Body

Please enter the telephone number with international code of the registration body above

3.5 Email address of the Official Registration Body

Please enter the email address of the official registration body

3.6 Are you registered in other Countries

Please enter YES or NO

3.6a If "YES"

If you are registered in more than one country please enter the names of all the countries

3.6b Registration Number

Please enter the registration numbers of the other countries

3.7 Is this registration TEMPORARY or FULL – Limited by time or requiring supervision

Please explain whether this registration is limited by time, or requires supervision or has no restrictions

3.8 Do you intend to work as a dentist in another country

Please enter YES or NO

3.9 If "Yes" please list countries

List the countries you are considering working in, European and non European

3.11 Have you ever had your Registration limited, suspended or withdrawn

Please enter YES or NO

3.12 Are you aware of any current legal / professional challenges that would affect your registration/ licence

Please enter YES or NO

3.13 If "YES" to 4.0, provide brief details

Indicate the nature of the sanction and the reasons for the sanction

4 Your membership of other relevant societies/organisations

4.1 Are you a member of a national/international professional body

Please enter YES or NO

4.2 Full Name and address

Please enter the names and addresses of all the memberships that you have.



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5 Supporting evidence for EPA Specialist Recognition Application

5.1 Is this your first EPA application

Please enter YES or NO

5.2 Date of Specialist Registration

If all ready registered as a specialist please enter the date (day/month/year) when first officially recognized as a specialist.

5.3 Specialist Registration Number

Please enter the specialist registration number and country where first recognized.

5.4 Name of Specialist Title

Enter the title of the specialist registration

5.5 Length of training (in months) the number of months of the official training course

Enter the number of months which you took to train.

5.5a Start Date

Enter the start date of training (day/month/year)

5.5b End Date

Enter the end date of training (day/month/year)

5.6 Country of Training

Enter the country where you trained

5.7 Training Certificate Number – the official identification number for your training programme

If given please enter the certificate number to show satisfactory completion of training

5.8 Officially recognised by National Registration Body - is the specialist training recognised by the national registration body?

Please enter YES or NO

5.9 Name and Address of this professional body

Please enter the name and address of this professional body

5.11 Officially recognised by any other professional body

If NO - please enter YES or NO if this training officially recognized by any other professional body

5.12 Name of this professional body

If YES – please enter the name and address

5.13 Specialist title you are permitted to use in your advertising

Please indicate how you are allowed to refer to your self in any advertising or communication with patients

5.14 Specialist designatory letters you are permitted to use

Enter the designatory letters you are allowed to use eg FDS

6 Address of Training Body

6.1 Training Body name and address

Enter the name and address where you did your training for specialist recognition, if you have had training in several centres and wish to count the time spent in each centre then enter the name and address of all the training centres in which you did training

6.2 Training Body telephone number

Enter the telephone number of the training centre including international code

6.3 Training Body Email address

Enter the email address of the training centre



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7 Address of Accreditation Body – *The body which oversees the Training Programme from a Quality Assurance position*

7.1 Accreditation Body name and address

Enter the name and address of the body which accredited your training. If your training has not been accredited please enter NONE

7.2 Accreditation Body telephone number

Telephone number of accreditation body with international code

7.3 Accreditation Body Email address

Email address of accreditation body

8 Trainer / Programme Director – Details

8.1 Trainer's name and address

The name and address of the main person involved with your training
Enter the name and address of the person who was mostly responsible for your training. If your training was in several centres enter the person responsible in each centre

8.2 Trainer's day telephone number

Enter the telephone number(s) for the trainer(s) including international code

8.3 Trainer's Email address

Enter the email address of the trainer(s)

8.4 Trainer's mobile/Cell telephone number

Enter the mobile number(s) if known and agreed with trainer

9 If no formal training recognition and applying on equivalent training

9.1 Equivalent curriculum training attached – Please send separately details of any relevant courses taken and curricular details and indicate specific elements covered.

Please enter YES or NO if details are being posted or sent as an attachment

9.2 External accreditation details attached – Details of any accreditation body that has validated any of your training

Please enter YES or NO if details are being posted or sent as an attachment

9.3 Details of training posts and trainers' details attached

Please enter YES or NO if details are being posted or sent as an attachment

9.4 Curriculum vitae – If no recognised training undertaken, please send your complete CV and details of why you feel your experience should be recognised.

Please enter YES or NO if details are being posted or sent as an attachment

10 On completion of the form

10.1 Print 2 copies of the form – one for your own records and the other which should be signed and posted to the Hon sec EPASC

Prof. Argirios Pissiotis Hon. Sec. EPASC, 14, Pavlou Mela Street, Thessaloniki GR-54622, Greece Telephone: +30 2310 999546; Fax.: +30 2310 999621; Mobile: +30 6944 547272

10.2 Save the form electronically and then forward to EPASC Hon Sec

pissioti@dent.auth.gr

10.3 Attach a digital photograph of your self

10.4 Complete the online payment through PayPal found on the EPA website in the Prosthodontics Specialist section Applications will not be processed until the fee has been received