EBOS Exam Application Form

Gender..... Family name ..... First name .....Date of birth.....

Email address ..... Nationality ..... Country of residence .....

Work address .....

Personal address.....

Which European society for oral surgery are you a member of?

General diploma (doctor, dental surgeon): year, town, country of issue

If applicable, oral surgery diploma: year, city, country of issue

You must provide
- a CV
- a verified logbook of clinical activity/cases and/or any other document to prove they have at least 5 years full-time practice (or its part-time equivalent) in Oral Surgery.
- a letter of support confirming the accuracy of the curriculum vitae and logbook from a University Centre, or Hospital Department, or Official Oral Surgery Society Member of EFOS

According to your oral surgery society, you must send this completed form and a payment of €100 for your file assessment to

Society	Contact	email	Details for money transfer
SFCO BAOS	Sylvain CATROS	sylvain.catros@u-bordeaux.fr	IBAN : FR42 3000 2030 0000 0079 3095 R08 Société Française de Chirurgie Orale (BIC CRLYFRPP)
SIdCO	Luigi LAINO	luigi.laino@unicampania.it	IBAN : IT49 R020 0803 4510 0010 4125 564 Società Italiana di Chirurgia Odontostomatologica (BIC : UNICRI1TMF14)
BDO	Ingrid MARX	sekretariat@izi-gmbh.de	IBAN : DE14 3006 0601 0002 5724 43 Berufsverband Deutscher Oralchirurgen (BIC : DAAEDEDDXXX)
SECIB	Teresa FLORIT	administracion@secibonline.com	IBAN : ES90 0081 0225 1800 0218 0625 Sociedad Española de Cirugía Bucal (BIC : BSABESBB)
SPCO	Fernando DUARTE	fduarte@clitrofa.com	IBAN: PT 50 0033 0000 0004 5503 59345 Sociedade Portuguesa de Cirurgia Oral (BIC : BCOMPTPL)
HDSOS	Harris THEODORIDIS	hdsos@yahoo.com	IBAN GR24 0172 2730 0052 7308 6500 048 Ελληνική Οδοντιατρική Εταιρεία Χειρουργικής Στόματος (BIC : PIRBGRAAXXX)

Very important: in the money transfer information, please indicate "EBOS" and your first and last name.