**Personal information :**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name : |  | Date of birth : |  |
| First name : |  | Nationality : |  | Gender (M/F) |  |
| Employer : |  | Professional Address : |  |
| Private phone number : |  | Professional phone number : |  |
| Private address : |  | Email : |  |

**Medical degree**

|  |  |
| --- | --- |
| University, City, Country and year |  |
| MEBEKO (if foreign degree) |  |

**Pediatric specialty diploma :**

|  |  |
| --- | --- |
| Place, Year |  |
| MEBEKO (if foreign degree) |  |

**Postgraduate medical training (medical experience since graduation from medical school)**

|  |  |  |  |
| --- | --- | --- | --- |
| Beginningmm.yy | Endmm.yy | % | Position, description of the activity, Unit/department, Location |
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**Desired language for the oral exam:**

 **French : 󠄁□ YES □ NO**

**German : □ YES □ NO**

Please, attach copies of:

Federal Diploma in Medicine or Mebeko certification

FMH Pediatric Title or Mebeko certification

**CV to be sent by email in pdf format before the registration deadline to** **mirjam.schuler-barazzoni@chuv.ch**

Dr. med. M. Schuler Barazzoni
Präsidentin der Prüfungskommission

Présidente de la Commission d’Examens

*Secretariat office:
Swiss Society of Neonatology*

*c/o meeting.com sàrl*

*Rue des Pâquis 1*

*1033 Cheseaux s/Lausanne*

*T 021 312 92 62 – Nicole Giacomini*