**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) |  |

**Milestones achieved to get the subspecialty title:**

|  |  |
| --- | --- |
| **Postgraduate education: (details cf. SIWF/ISFM subspecialty title in neonatology)** | **YES/NO** |
| **Prerequisite:**title of specialist in paediatrics and adolescent medicine. |  |
| **Postgraduate education:**At least 2 years certified category A neonatolgoy unit (as Oberarzt/chef de clinique) |  |
| A total of 3 years corresponding to the description of ISFM/SIWF program |  |
| **Courses:**education and training courses in the field of perinatal medicine amounting to 120 credits, with at least 80 credits must be completed in the form of structured further training in neonatology(Neo4Neo course or equivalent further training) |  |
| **Management course** Attendance of a management course recognized by the Swiss Society for Neonatology(at least 2 days corresponding to 16 credits with certificate) |  |
| **Publication**First or last author of a scientific publication in a scientific journal (with peer review) OR:A dissertation at a university faculty including meta-analyses and reviews as well as detailed, carefully referenced case reports**Achieved?****In progress?****Still to be done?** |  |

**Do you have the support of your training supervisor to take the exam? □ YES □ NO**

Version 27.11.2024

**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 written and 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** nicole@meetingcom.ch

*Copy to (Président.e de la commission des examens) - tbd*

*Secretariat office:
Swiss Society of Neonatology*

*c/o meeting.com sàrl*

*Rue du Pâquis 1*

*1033 Cheseaux s/Lausanne*

*T 021 312 92 62 – Nicole Giacomini*