

Registration for the examination on Thursday November 9, 2017 leading to the title of Specialist in General Internal Medicine (GIM)

*Curriculum:	<input type="text"/>	for statistical purposes only
*GLN-No:	<input type="text"/>	
*Mister	*Ms	*Language: <input type="text"/>
*Name:	<input type="text"/>	*Date of Birth: <input type="text"/>
*First Name:	<input type="text"/>	*Mobile: <input type="text"/>
*Nationality:	<input type="text"/>	*Telephone: <input type="text"/>
*Home address:	<input type="text"/>	*Postcode: <input type="text"/>
*E-mail:	<input type="text"/>	*City: <input type="text"/>

In case of change of work place or home address during the registration phase and until the publication of the examination results, my contact details will be as follows:

*Home address:	<input type="text"/>	from the date:	<input type="text"/>
*Postcode/City:	<input type="text"/>		

In which year did you complete your medical studies ? *Diploma year:

At which university did you complete your medical studies?

*Switzerland *Basle *Berne *Geneva *Lausanne *Zurich

*Outside Switzerland / Country: *City:

Please attach a copy (copies) of certificate(s) of Swiss Federal medical diploma or recognized foreign medical diplomas together with the accompanying letter (cf. art. 23 par. 4 WBO)!

Your file will be checked upon receipt of payment.

Please print the registration form and send it together with the required documents

not later than **August 15, 2017** to:

Geschäftsstelle SGAIM, «Facharztprüfung», Monbijoustrasse 43, P.O. BOX, 3001 Bern

Date:	<input type="text"/>	Signature*:	<input type="text"/>
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* With your signature you confirm having read the cancellation policy for the fee in case of withdrawal from the examination and the General Information Sheet on www.sgaim.ch/egim