

2025 EBCFPRS Examination and Certification Application Form

Dear Colleague,
In order to apply for the 2025 EBCFPRS Exam, please complete and sign this form and submit as pdf scan per email to dr. Eduardo Morera Serna (e_morera@hotmail.com).
LAST NAME
FIRST NAME
DATE OF BIRTH
EMAIL
PHONE

\square Otolaryngology \square	Plastic Surgery
DATE AND INSTITUTION	N GRANTING SPECIALTY BOARD CERTIFICATION
TRACK (check appropri	ate box)
☐ Fellow track ☐ Regu	ular track
EBCFPRS needs to secure payment with regards to the certification process. All candidates, including Fellows, will have a payment of EUR 4950 to cover both the examination and subsequent certification process. Payment can be made to the accounts listed below. Please ensure that all costs of transfer are paid by sender (yourself) so that the full fees are transferred to EBCFPRS.	
To make payment, p	lease transfer EUR 4950 to the following account:
Stichting EBCFPRS IBAN: NL15 ABNA 01: BIC Number: ABNAN	
IBAN: NL15 ABNA 01: BIC Number: ABNAN	
IBAN: NL15 ABNA 01. BIC Number: ABNANI IMPORTANT: PLEASE REFERENCE THE	E PAYMENT WITH YOUR OWN NAME AND SEND A MADE BY EMAIL to dr. Dirk Jan Menger
IBAN: NL15 ABNA 01: BIC Number: ABNANI IMPORTANT: PLEASE REFERENCE THE RECEIPT OF PAYMENT N (d.j.menger@gmail.con	E PAYMENT WITH YOUR OWN NAME AND SEND A MADE BY EMAIL to dr. Dirk Jan Menger n). bu confirm your formal application for the EBCFPRS cation process. You agree with the statutes, terms and