



EBCFPRS Examination and Certification Application Form

Dear Colleague,

In order to apply for the EBCFPRS Exam 2027, please complete and sign this form and submit as pdf scan per email to dr. Koen Ingels (koeningels@outlook.com).

LAST NAME

FIRST NAME

DATE OF BIRTH

EMAIL

PHONE

SPECIALTY (check appropriate box)

Otolaryngology Plastic Surgery Oral Maxillofacial Surgery

DATE AND INSTITUTION GRANTING SPECIALTY BOARD CERTIFICATION

TRACK (check appropriate box)

Fellow track Regular 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, please transfer EUR 4.950 to the following account:

Stichting EBCFPRS
IBAN: NL15 ABNA 0120 0865 81
BIC Number: ABNANL2A

IMPORTANT:

PLEASE REFERENCE THE PAYMENT WITH YOUR OWN NAME AND SEND A RECEIPT OF PAYMENT MADE BY EMAIL to dr. Dirk Jan Menger (d.j.menger@gmail.com).

For payment-related questions, please contact dr. Dirk Jan Menger (d.j.menger@gmail.com).

With your signature, you confirm your formal application for the EBCFPRS examination and certification process. You agree with the statutes, terms and conditions of EBCFPRS.

Date

Signature