



ECSACOP Founding Fellowship Application Endorsement Form

To be emailed to ecsacopfellowship@gmail.com at same time that online form is completed, with **BOTH** signature portions completed.

Self- Certification:

Please tick: I declare that the information presented in the application is accurate, and provides reliable information on my previous and current clinical practice.

Name (printed): _____

Date: _____

Signature: _____

Association Certification (to be completed by Chair of National Association of Physicians):

Note: electronic signature is acceptable

Name of ECSACOP Fellowship Applicant: _____

Country: _____

By signing this form, I certify that _____ is registered with the regulatory authority in the country of

_____ and is in good standing with the Association of Physicians. I am not aware of any disciplinary, professional conduct, or ongoing performance issues that might affect the applicant's suitability as a fellow.

Name: _____

Title: _____

Signature: _____