****

**Application for recognition of Equivalence of Standards**

**Country**:

........................................

**Name of EFLM National Society Member:**

........................................

# On behalf of Medical Practitioners, Scientists or Pharmacists:

........................................

*(please indicate the type of specialisation)*

|  |  |
| --- | --- |
| EFLM Standard | **Equivalent National Standard** |
| University degree |  |
| Minimum of 9 (preferably 10) years undergraduate and postgraduate study |  |
| Master of Science (or equivalent) degree and a nationally recognised exit qualification/ certificate of completion of education and training |  |
| Evidence of participation in Continuous Professional Development |  |

Date: ............... Name and surname: ...............................................

*(NS Officer filling the form)*