



**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Av. de la Couronne, 20, Kroonlaan
B-1050 BRUSSELS
www.uems.net

tel: +32-2-649.5164
fax: +32-2-640.3730
e-mail: SG@uems.net

UEMS DIVISION OF ANGIOLOGY/VASCULAR MEDICINE

President: Mariella Catalano mariella.catalano@unimi.it vas@unimi.it

Secretary: Pavel Poredos (VAS)

M. Brodmann (Austrian Society of Angiology), J.C. Wautrecht (Belgian Working Group of Angiology), P. Carpentier (Collège des Enseignants de Médecine Vasculaire and Collège Français de Pathologie Vasculaire), K. Roztocil (Czech Republic Vascular Medicine Society), S. Nikol (German Society of Angiology, DGA), E. Diamantopoulos (Hellenic Society of Internal Medicine), Z. Pecsvarady (Hungarian Society of Angiology & Vascular Surgery), A. Carlizza (Italian Society of Vascular Pathologies – SIAPAV), D. Olinic (Romanian Society of Angiology & Vascular Surgery), V. Stvrtinova (Slovak Society of Angiology), M. Kozak (Slovenian Vascular Society), S. Agewall (Swedish Society of Hypertension, Stroke & Vascular Medicine), A. Gallino, K. A. Jaeger (Swiss Society of Angiology).

**Exam for
European Diploma in Angiology/Vascular Medicine**

You can apply if (at least 1 Yes is mandatory):

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|--|-----|----|
| 1. You are specialised in Angiology/Vascular Medicine | YES | NO |
| 2. You are specialized inand have obtained the European Master in Angiology/Vascular Medicine Diploma | YES | NO |
| 3. You are specialised in .....and have obtained the European Fellowship in Angiology/Vascular Medicine | YES | NO |
| 4. You are specialised in .....and have attended and obtained training certificates from a recognised Angiology/Vascular Medicine Teaching Centre in your country for at least 5 years | YES | NO |

Exam:

- Place (2012): Milan Angiology Unit, University of Milan, L. Sacco Hosp
- Date: 29th November 2012, 2.00 pm (the day before European Angiology Days)
- Part 1 Questions : 100
 - Multip.ch (1 only correct answer from 4-5 questions)
 - 5 Internal Medicine
 - 20 Basic
 - 75 clinical- specialistic
- Computerized – (to be confirmed by CESMA)
- Language: English in presence of 1 member of the Exam Commission (or invited by the Commission) for each mother tongue candidate, available for eventual translation of ambiguous terms .
- Part 2 Oral exam: 2 clinical cases or discussion on diagnostics
- Minimum request to pass the exam : Part 1 65% questions
 - Part 2 Score from 1 – 10 (minimum 6) (by both the examiners in case of disagreement asked vote of a 3rd examiner)
- Results issued during the Diploma Ceremony (Sunday) during the European Angiology Days (annually end November/beginning December)
- Enrolment €200 by bank transfer to CESMA-UEMS of the UEMS Division of Angiology/Vascular Medicine (details will be communicated before enrolment deadline)

APPLICATION FORM OVERLEAF

1st European Exam in Angiology/Vascular Medicine

| | |
|--|-------|
| Title | ..... |
| Name | ..... |
| Surname | ..... |
| Work Address | ..... |
| Address | ..... |
| Phone | ..... |
| Mobile | ..... |
| Fax | ..... |
| Email | ..... |
| Date of Degree | ..... |
| Specialisation | ..... |
| Date Specialised | ..... |
| Date obtained: | |
| - Diploma European Master in Angiology/Vascular Medicine | ..... |
| - European Fellowship in Medical Angiology/Vascular Medicine | ..... |
| - Certificate for training (5yrs consecutive) at Center | ..... |

All documents should be sent to Milan: Research Center on Vascular Diseases, Angiology Unit,
University of Milan – L.Sacco Hospital via G.B. Grassi 74, 20157 Milan (I),
Phone 00390250319813/17 Fax 00390250319816 e.mail vas@unimi.it