# Application form for the request to register as Epidemiologist B

**APPLICANT AND EDUCATION DETAILS**

# PERSONAL DETAILS

Salutation: Mr. / Mrs. / Ms. / other

Title:

Family name and given name(s) (in full):

Date of birth:

Place of birth, country:

Address:

Postal code and city:

Telephone (private):

Telephone (work):

E-mail:

Member of VvE: □ yes

□ no

# CURRENT POSITION

Function:

Organization:

Department:

Undersigned *(full name including professional titles): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

requests approval of *(mark the option applicable to you):*

* a **planned** training programme to register as Epidemiologist B
* a **completed** training programme to register as Epidemiologist B

It concerns *(mark the option applicable to you):*

* a **fully recognised** training programme to register as Epidemiologist B
* a **non-recognised** training programme to register as Epidemiologist B
* a **partly recognised** training programme (epidemiologist A part recognised, epidemiologist B part not recognised)

The recognised training programme for Epidemiologist A has been completed at:

University: …………………………………………………………………………………………………………………….

Programme name: …………….…………………………………………………………………………………………….…………..

Undersigned:

* sends the registration application, according to the established format, through [www.wetransfer.com](http://www.wetransfer.com) to the Secretariat of the VVE
* ensures timely payment of the registration costs to bank account number NL 21 INGB 0004 4831 76 of the VvE (this also applies to an application for planned registration)
* agrees to the Privacy Statement of the VVE and the SMBWO, concerning the use of personal data required for processing the registration application. The Privacy Statement can be viewed at [www.epidemiologie.nl](http://www.epidemiologie.nl) (and [www.smbwo.nl](http://www.smbwo.nl)).

The undersigned declares to have provided the enclosed information completely and truthfully and to be willing to provide further information if desired.

Name candidate:

Place:

Date:

Signature:

# APPROVAL RECOGNISED EDUCATOR EPIDEMIOLOGY TRAINING PROGRAMME - EPIDEMIOLOGIST B

Undersigned, recognised educator Epidemiology, agrees

(mark the option applicable to you)

0 with the **planned** training programme

0 with the **completed** training programme

Name recognised educator:

Place:

Date:

Signature:

**TRAINING PROGRAMME for EPIDEMIOLOGIST B**

*Note: please carefully read the detailed information on the registration requirements!*

*If you are already registered as an Epidemiologist A, you can simply state the A-registration number for parts A1 and A2. You can then continue with completing the additional registration requirements for Epidemiologist B in parts B1 to B4.*

# REGISTRATION REQUIREMENTS

**A1. Foundation degree with sufficient content concerning disease and health / basic medical knowledge**

|  |  |  |
| --- | --- | --- |
| **Programme name** | **Educational institution** | **Period** |
|  |  |  |
|  |  |  |

\* *Include your diploma and list of grades for each programme*

*If your foundation degree is not mentioned in the list of approved programmes, you must:*

*1) demonstrate by means of certificates and diplomas that you have completed at least 8 EC of education on disease and health at the Bachelor level or higher, provide a description of the content of the courses and complete the table below*

|  |  |  |
| --- | --- | --- |
| **Name course(s) about disease and health\*** | **ECs** | **Year** |
|  |  |  |
|  |  |  |
| **Total** |  |  |

*or*

*2) demonstrate that you have had at least one year of work experience as a biomedical researcher in the field of epidemiology in a department where the biomedical context of the research is central.* *Focus on the description of the components mentioned under general and specific knowledge of disease and health as described in the registration requirements. You can describe this work experience below or send appendix A1.2 with the required information.*

|  |
| --- |
| **Description of work experience in biomedical context** |
|  |

**A2. Training in epidemiological methods (at least 60 ECs)**

***A2.1 Basic knowledge epidemiological methods (15 ECs, at least 10 ECs at the MSc level)***

*Complete the table below. For a non-recognised programme, you must also add appendix* *A2.1 in which you provide a description of the content, learning outcomes and test format for each course, where and when the course was taken and the results achieved.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name course** | **Level (BSc / MSc)** | **ECs** | **Grade** | **Year** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Total basic knowledge in epidemiological methods A2.1** | **ECs** |
| Bachelor level |  |
| (post-) MSc level |  |

***A2.2 Practical experience in epidemiology (25 ECs, MSc level)***

|  |  |
| --- | --- |
| **Practical experience epidemiology** | **…… ECs** |
| Title / Subject |  |
| Epidemiology supervisor |  |
| Registration epidemiological supervisor  (please substantiate the experience of the supervisor in the field of epidemiology if the supervisor is not formally registered as an epidemiologist A or -B) | Epidemiologist A / epidemiologist B |
| **Other supervisors** |  |
| **Department / institute / university** |  |
| **Place / country** |  |
| **Start and end date** |  |
| **Summary** | |

*Add a digital version of the end product to the appendices!*

***A2.3******Advanced epidemiological knowledge (5 ECs, MSc level)***

*Complete the table below. It must concern at least two different advanced topics. For a non-recognised programme (or a course outside the recognised programme) you must also add appendix A2.3 in which you provide a description of the content, learning outcomes and test format for each course, where and when the course was taken and the results achieved.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name course** | **ECs** | **Grade** | **Year** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***A2.4 Elective component (15 ECs, MSc level)***

*The elective part exists of at least two different components.*

*First complete the table with the total ECs per component and then the separate tables below with the applicable details per component. For a non-recognised programme (or a course outside the recognised programme) you must also add appendix A2.4 in which you provide a description of the content, learning outcomes and test format for each course, where and when the course was taken and the results achieved (parts I and II, if applicable).*

**Total elective components A2.4**

|  |  |
| --- | --- |
| **Elective components** | **ECs** |
| I. Extra advanced course in epidemiological knowledge |  |
| **II. Extra** course in a topic related to epidemiology |  |
| III. Extra epidemiological practical experience |  |
| **IV. E**pidemiological/methodological essay |  |
| **V.** Providing epidemiological teaching |  |
| **Total** |  |

1. **Extra advanced course in epidemiological knowledge**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name course** | **ECs** | **Grade** | **Year** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Extra course in a topic related to epidemiology (*at most 5 ECs*)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name course** | **ECs** | **Grade** | **Year** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Extra epidemiological practical experience**

|  |  |
| --- | --- |
| **Practical experience epidemiology** | **…… ECs** |
| Title / Subject |  |
| Epidemiology supervisor |  |
| Registration epidemiological supervisor  (please substantiate the experience of the supervisor in the field of epidemiology if the supervisor is not formally registered as an epidemiologist A or -B) | **Epidemiologist A / Epidemiologist B** |
| **Other supervisors** |  |
| **Department / institute / university** |  |
| **Place / country** |  |
| **Start and end date** |  |
| **Summary** | |

*Add a digital version of the end product to the appendices!*

1. **Writing an epidemiological / methodological essay**

|  |  |
| --- | --- |
| **Epidemiological / methodological essay** | **…… ECs** |
| Title |  |
| Epidemiology supervisor |  |
| Registration epidemiological supervisor  (please substantiate the experience of the supervisor in the field of epidemiology if the supervisor is not formally registered as an epidemiologist A or -B) | Epidemiologist A / epidemiologist B |
| **Other supervisors** |  |
| **Department / institute / university** |  |
| **Start and end date** |  |
| **Summary** | |

*Add a digital version of the essay to the appendices!*

1. **Providing epidemiological teaching**

|  |  |
| --- | --- |
| **Epidemiological teaching** | **…… ECs (1 EC = 28 study load hours)** |
| Name course |  |
| **Course coordinator** |  |
| **Department / institute / university / place** |  |
| **Period** |  |
| **Description teaching activities** | |

**B1. Completion of PhD**

|  |  |
| --- | --- |
| **Completed PhD** |  |
| Title PhD thesis |  |
| University |  |
| Faculty\* |  |
| Promotor(s) |  |
| Co-promotor(s) |  |
| Date of PhD defense |  |

*Add a copy of the PhD diploma to the appendices!*

*\* If no medical faculty then substantiate why this fits within this application for Epidemiologist B*.

**B2. Epidemiological publications**

The candidate submits 4 (first author) or 5 (3 first author, 2 co-author) epidemiological publications that fit within the epidemiologist B application, and provides a pdf of each article.

The publications must be sufficiently varied in terms of type of research question, methodology, research design, and analysis methods.

1.

2.

3.

4.

5.

**B3. Epidemiological supervision**

|  |  |
| --- | --- |
| **Epidemiological supervision** |  |
| Is this supervisor registered as epidemiologist B? | Yes / No |
| If you answered ‘No’ to the question above, attach the CV of the epidemiological supervisor in the appendices | |
| Is this supervisor (co-)promotor in the epidemiological PhD program? | Yes / No |
| Is this supervisor co-author for all publications mentioned under B2? | Yes / No |
| If you answered ‘No’ to the questions above, provide a description of what the epidemiological guidance and environment looked like. (What period? Frequency of contacts? Purpose of consultation? Evaluation of performance? Etc.) | |

**B4. Epidemiological portfolio (at least 5 ECs)**

It concerns an ***epidemiological*** portfolio. Be specific in the parts you include here.

*The elective part consists of at least two different components, which have not previously been included in this registration.*

*Add evidence* ***to each*** *of the documents as appendix!*

*1 EC = 28 hours*

1. **Congresses, symposia, seminars**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Short description** | **ECs** | **Year** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Please mention the title of presentations and posters.*

1. **Journal clubs / research meetings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Short description** | **ECs** | **Year** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Providing teaching / supervision internships**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Short description** | **ECs** | **Year** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Post-master course / advanced course**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name course** | **ECs** | **Grade** | **Year** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |