



**European Board of  
Physical and Rehabilitation Medicine**

**Collège Européen de  
Médecine Physique et de Réadaptation**

President	Secretary General	Treasurer
Pr. Maria Gabriella Ceravolo	Pr. Mauro Zampolini	Dr Wim Janssen



---

**RECERTIFICATION APPLICATION FORM**

---

**Collective application organized by the Swiss Society of  
Physical and Rehabilitation Medicine  
(this form is valid only for Swiss Fellows and Senior Fellows)**

---

**NAME** (Prénom / Vorname):

**SURNAME** (Nom de famille / Familienname):

**TITLE:**

**MALE/FEMALE:**

**DATE OF BIRTH:**

**NATIONALITY:**

**POSTAL ADDRESS**

a. home:

b. work:

**COUNTRY: SWITZERLAND**

**E-MAIL ADDRESS:**

**FAX:**

**Mobile:**

**Tel. Home:**

**Tel. Office:**

NAME OF WORK INSTITUTION:

POSITION AT WORK:

DATE OF FIRST BOARD CERTIFICATION\*:

NUMBER OF THE OLD BOARD CERTIFICATION DIPLOMA\*:

- \* *Si vous n'avez pas le certificat sous la main, on cherchera ces données pour vous*
- \* *Sollten Sie das Zertifikat nicht zur Hand haben, suchen wir diese Angaben für Sie*
- \* *If you dont have the certificate at hand, we will search for the number of your certificate*

**How did you acquire your first Board certification ? Wie haben Sie Ihr erstes Board Zertifikat erworben ? / Comment avez-vous obtenu votre premier certificat du Board ? (please tick / bitte ankreuzen / veuillez cocher svp)**

- Examination of the European Board of Physical and Rehabilitation Medicine / Teilnahme am schriftlichen Teil der Facharztprüfung für PMR / Participation à la partie écrite de l'examen de spécialité de MPR*
- By equivalence / durch ein Äquivalenzverfahren / par une procédure d'équivalence**

**I, the undersigned, wish to be Board Recertified.**

Signature\*\*:

Date:

*\*\*Please print out the completed form and insert your handwritten signature before sending your application via post to the below-mentioned address.*

*For office use*

*The Swiss PRM specialist named above has fulfilled his compulsory CME/CPD duties according to the rules of the Swiss Federation of Physicians FMH and the Swiss Society of Physical and Rehabilitation Medicine during the last 9 years (minimum of 80 hours of various CME/CPD activities per year). Therefore, she/he is allowed to participate to the collective application for recertification organized by the Swiss Society of Physical and Rehabilitation Medicine.*

*For the Swiss Society of Physical and Rehabilitation Medicine:*

**To be sent to the office of the Swiss Society of Physical and Rehabilitation Medicine with a copy of the old Board Certificate.**

**Envoyer à l'adresse ci-dessous par poste ou email en joignant si possible une copie de l'ancien certificat du Board**

**Formular wenn möglich mit einer Kopie des alten Board-Zertifikates an die folgende Adresse per Post oder E-Mail senden**

**Société Suisse de Médecine physique et Réadaptation/  
Schweizerische Gesellschaft für Physikalische Medizin und Rehabilitation  
Sennweidstrasse 46  
6312 Steinhausen**

**sekretariat@reha-schweiz.ch**

**Tel.: +41 (0) 748 07 27**