

Version: October 2021

## COMMITTEE INTEREST EVALUATION FORM

Please complete the questions below with accuracy and return the form along with your CV to the EANM Office via Ms Silvia Marchetti [s.marchetti@eanm.org](mailto:s.marchetti@eanm.org).

**First and Last Name of applicant:**

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### 1) Training

Please describe your training completed, including residency training (place and years), fellowship training (place and years), medical specialty training (place and years) and PhD training (place and years) if applicable.

### 2) Professional experience

Please list your professional experience, gained during your Residency training (place and years), Fellowship training (place and years), Medical Specialty training (place and years) and PhD training (place and years) if applicable. Please also add how many years of clinical experience you have in each specialty.

### 3) Academic experience

Please list Residency training (place and years), Fellowship training (place and years), Medical Specialty training (place and years) and PhD training (place and years) if applicable.

**4) Teaching experience**

Please list any event where you acted as instructor/teacher and have gained teaching experience in the past years (course/event, place, year) if applicable.

**5) Please list up to 20 relevant publications (year of publication/which journal) in the last 5 years**

**6) General information**

a) Are you a member of a Committee in your national society?

Yes, currently (please describe)

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No, but have been in the past (please describe)

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No

b) Have you been an invited speaker in national or international meetings (please list meeting/year of the last 5 years)

1: 

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2: 

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4: 

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5: 

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c) Have you been a chairperson, moderator or reviewer in national or international meetings (meeting/year in the last 5 years)

1: 

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2: 

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3:

4:

5:

d) Have you been an editor, published/edited a book chapter, editorial board member of journals (name up to 10 books/ journals)

e) Patents, awards or other accomplishments (up to 10)

**7) Private motives to become a member of the Committee**

a) Reason(s) for willingness to become a member of a Committee

b) Time that can be devoted to Committee activities (per week in hours) at own place

- 1-5       6-10       more

c) Time that can be devoted to the Committee abroad (per year in days)

- 1-5       6-10       more

**8) Date of birth**

Please state your date of birth (dd/mm/yy): \_\_\_\_\_

Thank you for completing the committee interest evaluation form. Please return it together with your CV to Ms Silvia Marchetti at the EANM Office via [s.marchetti@eanm.org](mailto:s.marchetti@eanm.org)