

## EAA EDUCATIONAL COURSES

### Application form

*To be submitted to the EAA Office (office@andrologyacademy.net). Applications should be submitted not later than six months (in case of webinars three months) in advance. Please follow carefully the* [*Guidelines*](https://www.andrologyacademy.net/eaa-education-general-information) *to fill this application form in each part.*

**NAME OF PROPONENT:** ………………………………………………………………………………………….

**EAA TRAINING CENTER:** ………………………………………………………………………………………….

**TITLE OF THE COURSE:** ………………………………………………………………………………………….

**DATE OF THE COURSE:** ………………………………………………………………………………………….

**VENUE:** ………………………………………………………………………………………….

**COURSE TYPE**:

□ ‘full’ (2 full days or more, with at least two nights)

□ “short” (1 day and a half, with just one night)

□ Webinar

□ E-meeting

**TIMING** (in the case of the webinar and e-courses, please specify the duration of the course and the platform to be used): ………………………………………………………………………………………….

**MACROAREA**:

□ Fertility and infertility

□ Genetics, epigenetics and embryology in Andrology

□ Hypogonadism and other endocrine and metabolic diseases of andrological interest

□ Andrological cancers

□ Urological problems in Andrology

□ STD

□ Sexual Medicine

□ Research methods, diagnostic tools, therapeutic protocols of selected andrological pathologies

**TOPICS:** ............................................................................................................................................................................

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

**WHICH PART(S) OF EAA-ESAU CURRICULUM IS COVERED BY THE COURSE?** ............................................................................................................................................................................

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

**TEACHING METHODS** (Please describe):

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

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

**PRE-EXAMINATION**

□ YES

□ NO

**FINAL EXAMINATION**

□ YES

□ NO

**SYLLABUS**

□ YES

□ NO

**CLINICAL CASES**

□ YES

□ NO

**NUMBER OF REQUESTED EAA CREDITS:** …………………………

**IS THE EAA FINANCIAL SUPPORT REQUESTED?**

|  |  |  |
| --- | --- | --- |
| □ | YES, amount: .......... EUR. | If financial support is requested please provide the preliminary budget in the addendum below |
| □ | NO |  |

**OTHER SOURCES OF FUNDING:**

**REGISTRATION FEE:**

In-training students: ………………

Academy members: ………………

Others: ………………

**LANGUAGE**:

□ English

□ Local with simultaneous translation

□ Local with slides and educational material in English

**DID THE CENTER ORGANIZE OTHER EAA EDUCATIONAL COURSES IN THE PAST?**

□ Yes, When? ………………

With EAA financial support? □ Yes, □ No

□ Never

**OTHERS** (please list here any additional aspect of the proposal believed useful for the EDUCOM evaluation)

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

*The proposal must be accompanied by a* ***detailed scientific and educational program*** *which must fulfil all the requirements established by the guidelines. If good and important reasons to fail to meet the requirements are present, they should be listed here, but considering that the chances of approval may decrease accordingly:*

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

### ADDENDUM

Preliminary budget

|  |  |  |
| --- | --- | --- |
| Planned expense | Amount (EUR) | Remark |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL |  |  |

BANK DETAILS

Bank account owner: ………………………………………………………………………………………….

Owner address: ………………………………………………………………………………………….

Account number (IBAN): ………………………………………………………………………………………….

Bank name: ………………………………………………………………………………………….

Bank ID (SWIFT/BIC): ………………………………………………………………………………………….

By submitting the request for financial support the requestor commits to provide an actual budget within 4 weeks after the end of the event.