



Applying for the EDIC written examination in 2008

Please review the guidelines to ensure you can apply for the part I and/or part II of the exam. The guidelines are available on the EDIC website (link as per the application form).

You will need to prepare the following documents in English and have them available in the respective format:

- A photo of yourself (JPEG, GIF or PNG format)
- Your curriculum vitae (PDF format)
- A copy of your University awarded medical degree (PDF format)
- A document of your primary speciality training status (current or completed) (PDF format)
- A document proving that you have trained in the mentioned hospital(s) (PDF format)
- A letter of motivation (PDF format). This letter should state why you want to sit the EDIC exam.

The application form is set up in 10 steps:

Step 1/10:

- You will find a list of the centres available for the exam (written or oral depending on which stage of the EDIC exam you are at)
- Click on the: "I apply for EDIC" to proceed to the next step

Step 2/10

- Choose the centre and date for the exam you wish to apply for
- Enter your surname, first name, email address and date of birth
- Are you an ESICM member: choose yes or no
- If you are an ESICM member, enter your ESICM membership ID (Please note that you do not need to be an ESICM member to sit the EDIC exam)
- Are you a Pact subscriber: choose yes or no

Step 3/10

- Enter your working address, email, phone & fax numbers
- Enter your private address, email, phone & fax numbers
- Please select either your working address or your private address as the address and email with which the ESICM will contact you

When you click on next and move to step 4, you will receive an email from the ESICM system confirming that you have started an application for the EDIC exam. This email will provide you with the link and password to access your application form should you wish to not complete it immediately.

Step 4/10

- Please upload a photo of yourself (JPEG, GIF or PNG format)
- Do not forget to click on upload prior to moving to the next step

Step 5/10

- Please upload your curriculum vitae (PDF format)

Step 6/10

- Please enter information on your medical and primary speciality training:
 - name of the medical school where you completed your MD
 - date you completed your MD
 - Upload a copy of your University awarded medical degree (PDF format)
 - if you have completed your specialist training:

- date completed
- your speciality
- a document of your primary speciality training status (completed) (PDF format)
- if you have NOT completed your specialist training:
 - date when you expect to complete your training
 - total duration of your training (in months)
 - a document of your primary speciality training status (current) (PDF format)

Step 7/10

- Please enter details on the training sessions you have undertaken
 - for each training session, please provide the details of the hospital where training took place, as well as the start and end date
 - please upload a document proving that you have trained in these hospitals (PDF format)

Step 8/10

- If you are enrolled in a national or formal Postgraduate Training Scheme, you will need to provide the:
 - Name of the training authority
 - Date enrolled
 - Date of completion / date completed
- Please also provide the details of your current ICM supervisor:
 - Name, address and email
 - Please note that your ICM supervisor will be contacted by email by the ESICM to verify your training status

Step 9/10

- Please upload your letter of motivation (PDF format). This letter should state why you want to sit the EDIC exam.

Step 10/10

- This final step will allow you to review the information you have entered into your application form
- If you need to go back to a step to modify information or upload a new version of a file, please click on the previous button
- If your application is complete, and you do not wish to make any further modifications, then click on FINISH. Once you have clicked on finish you will not be able to make any further modifications.

At any stage (except at the end of step 10) if you want to stop the application process and decide to come back later to fill it in, click on the save button and exit the program. Please remember that when you validate your application in the final step (by clicking on FINISH), you will no longer be able to make any further modifications.

You will find an example of application form on the following pages to help you prepare.

If you have any questions, please visit our website (www.esicm.org) or contact Dominique (Domino) D'hoir: assistant@esicm.org

Example of application form for those who have completed their training:



EUROPEAN DIPLOMA IN INTENSIVE CARE

Application form

Summary

Step 10/10

Candidate

SMITH Jane

Email : assistant@esicm.org
Birthdate : 13/06/1972
Member : JSMITH
FACT : Yes



Examination fee

Centre : Lisbon
Member : 121.00 euros (Inclusive of taxes)

Working address

ERASME
ICM
Avenue Joseph wybran 40
1070
brussels
Belgium
Email : assistant@esicm.org
Phone : +32 2 559 0350
Fax : +32 2 527 0062

Private address

Avenue Iennik 3
1070
brussels
Belgium
Email : assistant@esicm.org
Phone : +32 2 559 0350
Fax : +32 2 527 0062

Preferred address for mailing

Working Address

Medical & primary Speciality Training

Medical school : University of Brussels
Date medical school completed : 01/01/2000
Are you a specialist ? Yes
Date of your diploma specialist : 01/03/2008
What is your speciality ? : Intensive Care Medicine

Specific training in Intensive Care Medicine (ICM)

Hospital(s)/Institution(s) in which specific, full-time training/experience in ICM was obtained

Hospital	Start date	End date	Department	City	Country
erasme	1/1/2006	1/30/2007	ICM	Brussels	Belgium

CHU	2/1/2007	12/31/2007	ICM	Brussels	Belgium
Erasme	1/1/2008	4/15/2008	ICM	Brussels	Belgium

Total month(s) : 25

Postgraduate Training Scheme in ICM (if enrolled in a national or formal scheme)

Name of training authority : Belgian ICM
Enrolment date : 01/01/2006
Completion date : 01/04/2008

Current ICM Supervisor

DOE John
Email : rdcoordinator@esicm.org
Avenue Joseph Wybran 40
1070
Brussels
Belgium

Attached documents

[Curriculum vitae](#)

[University-awarded Medical Degree](#)

[Primary speciality training status](#)

[Proof of Training - ESICM ai logo.pdf](#)

[Letter of motivation](#)

Previous

Finish

Example of application form for those who are in training:



EUROPEAN DIPLOMA IN INTENSIVE CARE

Application form

Summary

Step 10/10

Candidate

SMITH Jane
Email : assistant@esicm.org
Birthdate : 13/06/1972
Member : JSMITH
PACT : Yes



Examination fee

Centre : Lisbon
Member : 121.00 euros (Inclusive of taxes)

Working address

ERASME
ICM
Avenue Joseph Wybran 40
1070
brussels
Belgium
Email : assistant@esicm.org
Phone : +32 2 559 0350
Fax : +32 2 527 0062

Private address

Avenue Iennik 3
1070
brussels
Belgium
Email : assistant@esicm.org
Phone : +32 2 559 0350
Fax : +32 2 527 0062

Preferred address for mailing

Working Address

Medical & primary Speciality Training

Medical school : University of Brussels
Date medical school completed : 01/01/2000
Are you a specialist ? No
Are you in training ? Yes
Date of completion of training : 31/05/2008
Total duration of training : 30

Specific training in Intensive Care Medicine (ICM)

Hospital(s)/Institution(s) in which specific, full-time training/experience in ICM was obtained

Hospital	Start date	End date	Department	City	Country
erasme	1/1/2006	1/30/2007	ICM	Brussels	Belgium

CHU	2/1/2007	12/31/2007	ICM	Brussels	Belgium
Erasmé	1/1/2008	4/15/2008	ICM	Brussels	Belgium

Total month(s) : 25

Postgraduate Training Scheme in ICM (if enrolled in a national or formal scheme)

Name of training authority : Belgian ICM
Enrolment date : 01/01/2006
Completion date : 01/06/2008

Current ICM Supervisor

DOE John
Email : rdcoordinator@esicm.org

Avenue Joseph Wybran 40
1070
Brussels
Belgium

Attached documents

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[Letter of motivation](#)

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