



ICDP - INTERNATIONAL COMMITTEE FOR DERMATOPATHOLOGY

sponsored by the UEMS, Section of Dermatology

Application for Development and Accreditation as Training Centre

Please read carefully the guidelines before completing this form!

Applying Centre

Name:

Address:

List of participating Institutions (if any):

Does Institutions have an affiliation with medical school? Yes No

If yes, give name(s):

Nominated Program Director

Family name:

First name:

Title:

Address:

Phone:

Fax:

E-mail:

Dermatopathology-Certification / Date:

Number of years spent teaching dermatopathology:

Is nominated program director also head of Institute? Yes No

If no, chair's name:

Dermatopathology Service

No. of specimens / year:

No. of immunofluorescent specimens prepared / year:

No. of immunohistochemistry specimens prepared / year:

No. of molecular investigations (specify):

Describe educational resources (*see guidelines*):

Date:

Signature:

Nominated Director of Dermatopathology Program

Centre partners (if applicable)

Chair(s) of Department(s) (if applicable)

Please send Application Form to:

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University Hospital

Department of Dermatology

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