



Schweizerische Gesellschaft für Kardiologie
Société Suisse de Cardiologie
Società Svizzera di Cardiologia
Swiss Society for Cardiology

REGISTRATION
for the **oral and practical examination**
with the aim to obtain the specialist title in **Cardiology**

Name	First name	Birth date
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Private adress*	Tel	E-Mail
Street	Postcode/City	

Business adress*	Tel	E-Mail
Institution		
Street	Postcode/City	

*Adress in Switzerland is required (Private or Business).

Cardiology training		
Clinic	Start	End

Requested exam language: German
 French

Supplementary documents for registration: Recommendation for exam by Head of Training Center

- I have read the exam specifications on the [SwissCardio Website \(FR\)](#) and am aware of the exam fee.
- I have read and agree with the [Privacy Policy](#) of the Swiss Society of Cardiology.
- I agree that my personal data are shared with the examining clinic for the purpose of this exam.

Place and Date	Signature
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Submit your registration to: info@swisscardio.ch
You will receive a confirmation of your registration by E-Mail.