



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**

<b>Name</b>	<b>First name</b>	<b>Birth date</b>
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Name and First name has to be identical with passport / identification document.

<b>Adress*</b>	Tel	E-Mail
Institution (if applicable)		
Street	Postcode/City	

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

**Cardiology training:** Min. 2 years of subject-specific training are required (clinical training). See [training program](#).

Clinic	Start	End

Year of EECC exam: \_\_\_\_\_

Requested exam language:       German  
                                                  French

Supplementary CV has to be provided for registration.

- 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 candidate
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As **head of the training center**, I confirm that the candidate fulfils all requirements (incl. 2 years of subject-specific training) and recommend that the candidate participate in the oral and practical exam part of the cardiology specialist exam.

Training center	Head of training center
Place and Date	Signature head of training center

**Submit your registration to: [info@swisscardio.ch](mailto:info@swisscardio.ch)**  
**You will receive a confirmation of your registration by E-Mail.**