



## CONFIRMATION OF STATUS EADV SPECIALIST ENDORSEMENT FOR MEMBERS AND APPLICANTS

I Prof./ Dr. \_\_\_\_\_ (Endorser) EADV Member N° \_\_\_\_\_

From the Country \_\_\_\_\_

Certify that Dr./Mrs./Mr. \_\_\_\_\_ (Endorsee)

- ☐ Is a **Certified Specialist in Dermatology and / or Venereology** registered in \_\_\_\_\_ country and is eligible for a EADV *Fellow* membership.
- ☐ Is a **Scientist** currently engaged in full-time research in Dermatology and/or Venereology and/or Cutaneous Biology or related subjects and is eligible for a EADV *Scientist with PHD* membership.
- ☐ Is a **Resident / Trainee in Dermatology and / or Venereology** in \_\_\_\_\_ country from \_\_\_\_\_ to \_\_\_\_\_ and is eligible for a EADV *Junior Resident* membership.
- ☐ Is a **PhD student** at the Department of Dermatology from \_\_\_\_\_ to \_\_\_\_\_ and is eligible for a EADV *Junior Scientist in full time training* membership.
- ☐ Is a **Nurse**
- ☐ Is a **Medical Assistant** in \_\_\_\_\_ country and I endorse her/him for a EADV *Nurse/Medical Assistant* membership.
- ☐ Is an individual with a **strong interest in Dermatology and / or Venereology** and is eligible for a EADV *Associate* membership.
- ☐ Other (please specify): \_\_\_\_\_

And, hereby I confirm that I have endorsed the above Endorsee and that I consider the applicant in question to be a fit and proper person to be admitted to an EADV membership.

### DATE, NAME & HANDWRITTEN SIGNATURE

Electronic signatures are not accepted on this document:

Date: \_\_\_\_\_

Endorser Printed Name: \_\_\_\_\_



Endorser Signature: \_\_\_\_\_

By signing this document, you confirm you are an active Specialist member with over 12 months of active membership with the EADV exercising your endorser benefit as stated in the [EADV Statutes section 4. \(C\)](#).