|  |  |  |
| --- | --- | --- |
|   |  | **European** **Board of** **Anaesthesiology** |
| **Application Form for departments of Anaesthesia****seeking Accreditation as Teaching Hospital by the ESAIC and the EBA** |
| To be completed by the Head of department or the authorised deputy |
| Please fill in all required fields (in blue) and send to ataic@esaic.org  |
| Use the TAB-key to move forward to the next field – Shift-TAB to move backwards.The ATAIC is offered on a voluntary basis to the academic departments of anaesthesia which apply for teaching accreditation in accordance with the [European Training Requirements](https://www.uems.eu/__data/assets/pdf_file/0004/156199/UEMS-2022.12-European-Training-Requirements-in-Anaesthesiology.pdf). |
| [Name of Hospital](file://SRVESABRU102/COMMON/ESA/Committees/ATAIC/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Krankenhaus%20/%20H%C3%B4pital%20/%20Hospital) |   |
| [**Department**](file://SRVESABRU102/COMMON/ESA/Committees/ATAIC/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Abteilung%20/%20D%C3%A9partement%20/%20Departamento) |       |
| [**Street + number**](file://SRVESABRU102/COMMON/ESA/Committees/ATAIC/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Strasse%20und%20nummer%20/%20Rue%20et%20num%C3%A9ro%20/%20Calle%20y%20numero) |       |
| [**Postal code**](file://SRVESABRU102/COMMON/ESA/Committees/ATAIC/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Postcode%20/%20Code%20postal%20/%20Codigo%20postal) |       |
| [**City**](file://SRVESABRU102/COMMON/ESA/Committees/ATAIC/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Stadt%20/%20Ville%20/%20Ciudad) |       |
| [**Country**](file://SRVESABRU102/COMMON/ESA/Committees/ATAIC/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Land%20/%20Pays%20/%20Pais) |       |
| **Head of Department details** |
| **Surname** |       |
| [**First** **Name**](file://SRVESABRU102/COMMON/ESA/Committees/ATAIC/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Vornamen%20/%20Pr%C3%A9nom%20/%20Nombre) |       |
| **Telephone + country/area code** |       |
| **Telephone + country/area code** |       |
| E-mail address |       @      |
| Website |       |
| Type of hospital |       |
| N° of beds |       |
| N° of trainees |       |
| Short description of hospital type and teaching programme |       |
| Person to contact (if different) |       |
| E-mail address |       @      |