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|  | |  | **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](mailto: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/%20Hôpital%20/%20Hospital) |  | | |
| [**Department**](file://SRVESABRU102/COMMON/ESA/Committees/ATAIC/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Abteilung%20/%20Département%20/%20Departamento) |  | | |
| [**Street + number**](file://SRVESABRU102/COMMON/ESA/Committees/ATAIC/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/ONBV6GHT/Strasse%20und%20nummer%20/%20Rue%20et%20numéro%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/%20Prénom%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 | @ | | |