**Must be completed, signed, and returned to complete registration to participate in the EPNS Exam at 2pm CET on 20 June 2023 in Prague, Czech Republic**

**SECTION A: To be completed by ALL Candidates:**

|  |
| --- |
| **Candidate Data:** |
| First Name |  | Last Name (should match passport) |  |
| Date online EPNS Exam registration form submitted |  |
| Passport number |  |
| Home Country |  |
| Email Address |  |
| **Now Complete EITHER Section B OR C.** **ALL candidates must complete Section D (on page 2)** |

**SECTION B: ONLY to be completed by Residents/Trainees**

|  |
| --- |
| **Candidate’s Tutor/ Trainer Data:** |
| Title |  | First Name |  | Last Name |  |
| Work address  |  |
| Home Country |  |
| Email Address |  |
| **To be completed by the Candidate’s Tutor/Trainee** |
| The candidate is a qualified physician | YES / NO (delete one) |
| Number of years the candidate has been training in the field of Paediatric Neurology (must be at least 2 years): |  |
| Year when the candidate expects to complete their training in Paediatric Neurology:  |  |
| **Trainee/Tutor signature**  |
| **Date** |  |

**SECTION C: ONLY to be completed by registered Paediatric Neurologists**

|  |
| --- |
| **To be completed by the Candidate** |
| I am a registered Paediatric Neurologist | YES / NO (delete one) |
| I am currently practicing in a major commitment in the field of Paediatric Neurology | YES / NO (delete one) |
| Number of years I have been practicing as a Paediatric Neurologist: |  |

**SECTION D: To be completed by ALL Candidates:**

|  |
| --- |
| **Candidate Declaration and EPNS Exam 2023 Terms and Conditions** |
| I understand that to confirm my registration, I must pay the EPNS Exam fee, and if applicable, the EPNS membership fee must be paid.  | YES / NO  |
| My name on the online Registration Form exactly matches the name on my PASSPORT and I will bring my PASSPORT to the Exam in Prague. | YES / NO |
| I will bring my OWN FULLY CHARGED LAPTOP or IPAD to the Exam in Prague. | YES / NO |
| I will not use any of my electronic devices for any other function than accessing the exam and going through the exam. I will not get into online databases, knowledge etc. to search for answers to the exam questions. | YES / NO  |
| I will not copy (neither by writing, nor taking pictures of the screen etc.) any of the questions which will be presented during the exam. | YES / NO |
| I will answer all the questions by my own knowledge, without any help from the outside. | YES / NO |
| I understand if the EPNS discovers a candidate has violated any of the EPNS Exam requirements which the candidate agreed to at registration whilst the EPNS Exam is taking place, the candidate will be immediately asked to leave the Exam room.  | YES / NO |
| I understand if before, during or after the EPNS Exam has taken place, the EPNS discovers a candidate has violated any of the EPNS Exam requirements which the candidate agreed to at registration, the candidate will lose all EPNS certifications and may be barred from taking or retaking any EPNS Exam in the future. The EPNS may choose to terminate any EPNS membership status and the EPNS reserves the right to inform the candidate’s relevant regularity office of any action taken.  | YES / NO |
| I accept that it is not possible, under any circumstances, for me to receive feedback about the EPNS Exam questions or my EPNS Exam results. I will get my personal results overall, but no detailed information on special questions.  | YES / NO |
| If I cancel my participation in the EPNS Exam after registration payment has been paid, I accept I will not be automatically eligible for a refund. | YES / NO |
| I accept that if the EPNS is forced to cancel the EPNS Exam 2023 because of events arising which are outside of their control, the EPNS will not meet the costs of any prebooked accommodation or travel.  | YES / NO |
| I understand that it is recommended I have appropriate travel insurance.  | YES / NO |
| I confirm that all details given in this form are correct and true. | YES / NO |
| By signing this form, I accept the EPNS accepts no liability for death, illness, injury, any loss, cost or expense suffered by any person (including accompanying persons). |
| **Candidate Signature** |
| **Date** |  |

**AFTER THIS FORM HAS BEEN FULLY COMPLETED AND SIGNED BY THE CANDIDATE (AND TUTOR/TRAINER IF APPLICABLE), PLEASE RETURN BY EMAIL TO** **info@epns.info** **Thank you.**