

**WABIP INTERVENTIONAL PULMONOLOGY INSTITUTE**

**APPLICATION FORM AND EVALUATION DOCUMENT FOR THE SELECTION OF FELLOWSHIPS**

*This application form is for WABIP members only who can speak and understand basic English*

Please submit this form and your CV to <https://www.wabip.com/institute/apply> by JULY 1 2024

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| **Personal information** |
| Family name: |
| First name: |
| City / Country: |
| Address: |
| Hospital where you currently work  (Private practice/Academic Institution/Government Hospital): |
| Medical degree: |
| Scientific societies of  which you are a member: |
| Email: |
| Mobile phone: |

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| Possibility of professionally developing the acquired skills |  |
| Potential of establish IP practice in your country |  |
| Do you plan to develop an IP activity as a part of your private practice? |  |
| Do you have any sponsors for the program? |  |

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| **Education** | |
| Medical specialty (Pulmonary/Respiratory Thoracic Surgery/Other) |  |
| Previous experience in Interventional Pulmonology training  Specify: year, city, country, period |  |
| Interventional Pulmonology courses  Specify: year, city, country, period |  |
| Communications/Lectures/Presentations in national/international congresses and conferences  (Attach supporting documents) |  |
| Publication on IP in national/international journals.  (Attach supporting documents) |  |
| Research grants related with IP |  |

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| **Profesional experience** | |
| Time worked in basic Bronchoscopy (years) |  |
| Time worked in an Interventional Pulmonology Unit (years) |  |

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| --- | --- |
| **Bronchoscopy experience** | |
| Total number flexible bronchoscopies in your life |  |
| Total number rigid bronchoscopies in your life |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of procedures per year** | | | |
| **Thoracic endoscopy** | | **Pleural procedures** | |
| Flexible bronchoscopy |  | Pleural drainage |  |
| Linear EBUS |  | Tube placement |  |
| Radial EBUS |  | Thoracoscopy |  |
| Electromagnetic Navigation Bronchoscopy |  | Pleurodesis |  |
| Rigid Bronchosocopy |  | Pleural biopsy |  |

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| **Personal situation** | | |
| Do you have the resources to be able to pay for the stay and expenses related to the program? | Yes | No |
| Do you have problems in your country to obtain a visa to reside in Turkey? | Yes | No |
| Does your personal and family situation allow you to complete the 3-month training program? | Yes | No |

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