

THE INTERNATIONAL ACADEMY OF CYTOLOGY

Office of the Secretary-General
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THE INTERNATIONAL BOARD OF CYTOPATHOLOGY

INSTRUCTIONS TO APPLICANTS

1. Type or print all information, complete all sections and use additional sheets if necessary
2. Enclose all letters of recommendation, copies of any specialty diplomas (e.g. pathology, gynecology etc.) and medical license
3. Sign statement (page 4) and enclose two (2) passport size photographs signed on the back
4. Enclose examination fee (US\$500.00). Make US\$ cheque drawn on US bank payable to International Academy of Cytology

NAME	Last	First	Middle			
DATE OF BIRTH	Month Day Year	Country of birth	Present citizenship			
WORK ADDRESS (Correct postal address)	Current position, if Hospital or Medical Center include name of Institution					
	Street					
	Town/City		Postal code			
	State / Country					
	Work telephone:		Work fax:			
	Email:					
HOME ADDRESS (Correct postal address)	Street		Town/City			
	State		Postal code			
	Country					
	Home telephone:		Home fax:			
Please indicate preferred site:						
Please indicate preferred language: (In other languages only for more than 50 applicants)		English	French	German	Japanese	Spanish

Do not write below – official space only

Received:	Letters of recommendation, Sponsors:	Pre-approval Chairman:	Board grading:	Diploma dated:
Fee:	MIAC since:	Committee Approval:	Examination code:	Diploma sent:

Mandatory requirements:

At least two years medical membership of the International Academy of Cytology (MIAC)

Completed training in anatomic pathology and at least one year full time training and experience in cytopathology **OR**

Completed training in a specialized medical field other than anatomic pathology and at least two years experience in all aspects of cytopathology

MEDICAL DEGREE	Year _____ School _____
	City/Town _____ Country _____
SPECIALITY TRAINING	Hospital _____ Director _____

	from _____ to _____
	Hospital _____ Director _____

	from _____ to _____
	I am a certified specialist in my country of residence: YES () NO () I passed my specialist examination in (subject): _____ _____ (Place) _____ (Date) _____
TRAINING IN CYTOPATHOLOGY OR CLINICAL CYTOLOGY (Full-time only)	Hospital _____ Director _____

	from _____ to _____

PRACTICE IN CYTOPATHOLOGY	Hospital _____ City/Town _____
	from _____ to _____
OR CLINICAL	Hospital _____ City/Town _____
	from _____ to _____
CYTOLOGY	Hospital _____ City/Town _____
	from _____ to _____
	Hospital _____ City/Town _____
	from _____ to _____

PUBLICATIONS

(Separate sheets may be used)

LETTERS OF RECOMMENDATION

List the names and addresses of two (2) physicians who will recommend you for admission to the International Board of Cytopathology and who will attest to your character and professional standards. These physicians **do not** necessarily need to be Fellows or Members of the Academy.

NAME	
HOSPITAL/ UNIVERSITY	
ADDRESS	
NAME	
HOSPITAL/ UNIVERSITY	
ADDRESS	

GENERAL INFORMATION TO APPLICANTS

After receipt of the application, the Secretary of the Board will seek approval for the applicant to sit the examination with the International Board of Cytopathology.

After approval the Office of the Registrar will then confirm participation and inform the applicant where and when to register at the examination site.

The examination is in three parts:

- 1) Practical examination - glass slides - a microscope is required for this examination
- 2) Kodachrome examination
- 3) Written examination

The question format is multiple choice

Candidates will be informed 8-10 weeks after the test date as to the outcome of the examination.

APPLICATION STATEMENT TO BE SIGNED BY APPLICANT

I solemnly declare that - to the best of my knowledge - all statements made above are true.

I am, a Member of the International Academy of Cytology in good standing for more than two (2) years at this time, and desire to take the Examination of the International Board of Cytopathology.

Date:

Signature: