

**Network of Erasmus Based European  
Orthodontic Postgraduate Programmes  
NEBEOP**

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**Application form  
for provisional membership**

**Appendix 1 to the Bylaws of NEBEOP**

## Application for provisional membership of NEBEOP Network of Erasmus Based European Orthodontic Programs

Please, mail a pdf of the signed and dated form to the Honorary Secretary of the Membership Committee Dr. Andrea Bresin, Gothenburg, Sweden [andrea.bresin@vgregion.se](mailto:andrea.bresin@vgregion.se)

**Last Name, titles:**

**First name:**

**Position applicant:**

**University or Institute:**

**City and Country:**

**Address:**

**E-mail address:**

Please, complete the following check-list that corresponds to your program:

<b>The program</b>	<b>yes</b>	<b>almost</b>	<b>no</b>
Structured program			
Equivalent to a minimum of 3 years full time			
Performed in Universities or Institutes with academic affiliation			

<b>Clinical activity</b>	<b>yes</b>	<b>almost</b>	<b>no</b>
Clinic activity (chair-side time) minimum 16 h/week (approx 2000h during the education)			
Treatment of at least 50 new cases with a variety of malocclusions			
Supervision by an orthodontic specialist, maximum of 8 residents per supervisor			
If part of the education is performed in private or hospital clinics, affiliation should exist with Universities (University program : Yes)			

<b>Theoretical education</b>	<b>yes</b>	<b>almost</b>	<b>no</b>
Based on a predefined structured program			
Lectures and seminars equivalent to at least 5h/week (minimum 600h during the education)			
Treatment plan or treatment evaluation seminars or discussions equivalent to at least 3h/week			
Assessment of knowledge during the education period knowledge within the education period and a summative final examination.			

<b>Research</b>	<b>yes</b>	<b>almost</b>	<b>no</b>
Research time and guidance provided, leading to a publication or a congress presentation			

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**My sponsors (full members of NEBEOP) for provisional membership are:**

1. Name and titles:

University:

Department:

City and Country:

E-mail address:

1. Name:

University:

Department:

City and Country:

E-mail address:

I have attached sponsor letters of the above mentioned sponsors.

I, the undersigned ....., director or responsible for the postgraduate program in Orthodontics of the above mentioned Institute/University, apply for provisional membership to the Network of Erasmus based European Orthodontic Programs.

I consider that our programme fulfils the requirements to become a provisional member. In the next two to five years, I am engaged to participate in an external verification process in order to become full member of this Network according to the procedure that has been agreed upon in the NEBEOP Bylaws.

Date:

Signature: