

**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 Postgraduate Programs

Please, mail a pdf of the signed and dated form to the Honorary Secretary of NEBEOP. The e-mail address can be found on the NEBEOP website [www.nebeop.org](http://www.nebeop.org)

**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:

The program	yes	almost	no
Structured program			
Equivalent to a minimum of 3 years full time			
Delivered in universities or Institutes with a nationally recognized academic affiliation, accredited according to national standards, if applicable.			

Clinical activity	yes	almost	no
Clinic activity (chair-side time) minimum 16 h/week (approx 2000h over the 3-year programme)			
Treatment of at least 50 new cases with a variety of malocclusions			
Clinical supervision by a specialist in orthodontics, maximum of 8 residents per supervisor			
Is part of the education performed in private or hospital clinics			
If yes, these clinics must have an official affiliation with a university or must be officially recognized by the local government			

Theoretical education	yes	almost	no
Based on a structured program			
Lectures and seminars equivalent to at least 5h/week (minimum 600h over the 3-year programme) distributed over the entire educational period			
Treatment planning or treatment evaluation seminars or discussions equivalent to at least 3h/week			
Assessment of knowledge throughout the education period and a summative final examination / evaluation			

Research	yes	almost	no
Protected research time allocated with provision of academic guidance. The research should be of sufficient quality to lead to a scientific publication or a congress presentation			

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

1. Name and titles:

University:

Department:

City and Country:

E-mail address:

2. 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 Postgraduate 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: