

Applicant details

Please type or print in capital letters

Family name _____ First name _____

Address _____

Tel. _____ Fax _____

E-mail _____

ESMO ID number _____

The ESMO-MORA Recertification is valid for five years and consists of 250 hours of continuing medical education (CME) to be accumulated in 5 years (after the ESMO Examination or Recertification date).

CATEGORY 1

CME activities organized by ESMO or by an ESMO accredited sponsor (1 hour = 1 credit point)

For Category 1, a minimum of 120 hours (= 120 credit points) of Category 1 activities is required, of which a minimum of 20 hours should come from an ESMO-postgraduate meeting. Please indicate years of CME being reported.

Title of Category 1 activity (labelled by ESMO)	City and country where meeting was held	Date of attendance (Day/Month/Year)	Hrs. Cat.1 Credits	ESMO course y/n
Year 1				

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Title of Category 1 activity (labelled by ESMO)	City and country where meeting was held	Date of attendance (Day/Month/Year)	Hrs. Cat.1 Credits	ESMO course y/n
Year 2				
Year 3				
Year 4				

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Title of Category 1 activity (labelled by ESMO)	City and country where meeting was held	Date of attendance (Day/Month/Year)	Hrs. Cat.1 Credits	ESMO course y/n
Year 5				
Category 1, Total number of credit points				
Of these, indicate number of credit points for ESMO labelled courses				

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CATEGORY 2

CME activities other than ESMO-MORA Category 1

For Category 2, a minimum of 80 hours (=80 credit points) has to be accumulated within 5 years.

I Conferences (not certified by ESMO): Please indicate sponsor, subject, dates and credit hours claimed.

II Medical teaching: Please provide type of education, subject, institution, address and inclusive dates.

III Non-supervised CME: Please indicate material of activity, dates and hours of credit claimed

Year	I/II or III	Sponsor, Subject	Date of attendance (Day/Month/Year)	Hrs. Cat.2 Credits
Year 1				
Year 2				

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Year	I/II or III	Sponsor, Subject	Date of attendance (Day/Month/Year)	Hrs. Cat.2 Credits
Year 3				
Year 4				
Year 5				

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Year 5	Year	I/II or III	Sponsor, Subject	Date of attendance (Day/Month/Year)	Hrs. Cat.2 Credits

Category 2, Total number of credits points

Additional remarks

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1. Are you working as medical oncologist for 50% or more of your working time? Yes No

2. Please fill in the year of your ESMO Certification

3. Please fill in the year of the last granted ESMO-MORA (if applicable)

ESMO will review the Certificates and will contact you for the payment of the administration fee of € 70,00

Please fill in the following figures

	Total no. of credit points
Category 1	
Category 2	
Grand Total	

Remarks

A copy of your certificates, with the completed application form, is required to process this application.
I declare that this form has been filled in truthfully and in good faith.

Date

Signature

More information about the ESMO-MORA Recertification programme can be found at
www.esmo.org/education/certification-and-accreditation/continuing-medical-education.html

**Application for ESMO-MORA
Medical Oncologist's Recertification Approval**

Send to

ESMO Head Office
Education Department
Via Ginevra 4
6900 Lugano
Switzerland

Send via fax or post to

T +41 (0)91 973 19 00
F +41 (0)91 973 19 02
examination@esmo.org