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# Application form for the fifth SSAI Postgraduate Training Program in Critical Emergency Medicine SSAI CrEM 2023-2024

Name
Title
Home address
Work address
Country
E-mail (home/work)
Phone (home/work)
Host clinic (-s) / unit (-s) during the two years of clinical work: <small>(Unit, Department, Hospital, duration)</small>

I hereby apply for the SSAI Advanced Educational Program in Critical Emergency Medicine

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Date and signature of the applicant

I hereby confirm that we will serve as host clinic for the applicant mentioned above.

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Date, signature and name in capital letters of the chairman / director of the host clinic