**Candidate supervisor support form**

Give this form to your sponsor for completion. This form is for all candidates, including those from countries where the specialty of emergency medicine is not recognized.

The European Board Examination in Emergency Medicine (EBEEM) is a challenging examination. A candidate’s likelihood of success is greatly enhanced by them having been closely supervised in training and in their preparation for the examination.

In preparation we recommend candidates have:

* Become familiar with the [European Curriculum for EM](http://eusem.org/wp-content/uploads/2017/04/European-Core-Curriculum-for-EM-Version-1.2-April-2017-final-version-1.pdf)
* Worked in emergency departments seeing a wide range of patient ages and presentations for at least 3 or 5 years
* Worked alongside a mentor or senior emergency physician who has given direct feedback on their clinical skills and abilities
* Had a focused preparation programme for the examination including independent study for the Part A exam, and practice observed scenarios and clinical encounters for the Part B exam, as well as practice in discussing patients in a viva situation.

We ask you to complete this form to confirm that you understand that this preparation is needed and that you, as their sponsor, have supported them in their preparation.

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| **Statement** | **Please sign that you agree** |
| The candidate has read the curriculum and is experienced in all areas of the curriculum |  |
| I have read the European Curriculum for Emergency Medicine. |  |
| The candidate has been working in Emergency Medicine for a minimum of 3 or 5 years (please underline) |  |
| The candidate has continued to undertake continuing professional development (CPD) in emergency medicine |  |
| I have worked alongside the candidate in emergency medicine and believe they are competent at the level described in the curriculum |  |

The candidate’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supporter’s name (print):

Supporter’s position in the hospital:

Supporter’s hospital name: \_\_\_\_\_\_\_\_\_\_\_\_

Supporter’s specialty and training: