

**EUROPEAN ACADEMY OF ANDROLOGY**

EAA EDUCATIONAL COURSES

Application form

*To be submitted to the Educational Committee (eajannini@gmail.com* and *kopaandro@gmail.com) before the 1st of May of each year. Note that the rule does not apply to the webinars. In this case, the application could be submitted not later than three months in advance. Please follow carefully the Guidelines to fill this application form in each part.*

**CENTER**…………………………………………………………………………………………..

**NAME OF PROPONENT**…………………………………………………………………..

**TITLE, DATE AND SITE OF THE**

**COURSE**………………………………………………………………………………………………………………………………………………………… ……………………………………………………………………………………………………………………………………………………………………...

**COURSE TYPE**:

□ ‘full’

□ “short”

□ Webinar

□ E-meeting

**TIMING** (in the case of the webinar and e-courses, please specify the duration of the course and the platform to be used)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**MACROAREA**:

□ Fertility and infertility

□ Genetics, epigenetics and embryology in Andrology

□ Hypogonadism and other endocrine and metabolic diseases of andrological interest

□ Andrological cancers

□ Urological problems in Andrology

□ STD

□ Sexual Medicine

□ Research methods, diagnostic tools, therapeutic protocols of selected andrological pathologies **TOPICS**……………………………………………………………………………………………………………………………………………………………

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**WHICH PART(S) OF EAA-ESAU CURRICULUM IS COVERED BY THE**

**COURSE?.**.............................................................................................................................................................

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**TEACHING METHODS** (Please

describe)………………………………………………………………………………………………………………………………………………………… ……………………………………………………………………………………………………………………………………………………………………

**PRE-EXAMINATION**

□ YES

□ NO

**FINAL EXAMINATION**

□ YES

□ NO

**SYLLABUS**

□ YES

□ NO

**CLINICAL CASES**

□ YES

□ NO

**NUMBER OF REQUESTED EAA CREDITS**………………………… **IS THE EAA FINANCIAL SUPPORT REQUESTED?**

|  |  |
| --- | --- |
| □  | YES  |
| □ **FEE**  | NO  |

 In-training students…………

 Academy members………..

Others………………

**LANGUAGE**:

□ English

□ Local with simultaneous translation

□ Local with slides and educational material in English

**DID THE CENTER ORGANIZE OTHER EAA EDUCATIONAL COURSES IN THE PAST?**

□ Yes, When? ………. With EAA financial support? □ Yes, □ No

□ Never

 **OTHERS** (please list here any additional aspect of the proposal believed useful for the EDUCOM evaluation)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

*The proposal must be accompanied by a* ***detailed scientific and educational program*** *which must fulfil all the requirements established by the guidelines. If good and important reasons to fail to meet the requirements are present, they should be listed here, but considering that the chances of approval may decrease accordingly:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………*