



# EAPM fellowship application form

If you wish to have this document as a docx-fill-in file, please contact the EAPM administrator.

Please send the filled application form and the attachment (as less documents as possible, please) directly to

[contact@eapm.eu.com](mailto:contact@eapm.eu.com)

The EAPM Fellowship is a recognition for outstanding contributions in the field of psychosomatic research and/or assessment and treatment. The fellowship can be earned in the context of a postgraduate clinical and/or research focused training or awarded by the EAPM Fellowship Subcommittee based on outstanding clinical and/or scientific achievements.

**Your full name**

**Date of application**

**your e-mail address**

**1. Be a paying EAPM-Member for at least three consecutive years following university graduation**

Yes

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**2. Has been or is currently an active contributor to the EAPM in the past four years through the following volunteer activities scope of at least 10 CP**

- Service as chair, co-chair of a special interest group (2 CP each)  
yes  no   
if yes, please fill in your position, the name of your group and the years of execution



- Membership on an EAPM committee, subcommittee, or task force (1 CP each)  
**yes**  **no**   
if yes, please fill in your position, the name of your committee/task force and the years of execution

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- Membership in the Executive Council of the EAPM (2 CP per election)  
**yes**  **no**   
if yes, please fill in your position, the name of your group and the years of execution

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- National Coordinator (Advisory Board Member) (1 CP)  
**yes**  **no**   
if yes, please fill in your country (association) and the years of execution

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- Workshop attendance at annual EAPM meeting (1 CP each)  
e.g. Carus Master Class, clinical training workshop, mentoring  
yes  no

if yes, please list the years and the titles of the workshops and attach the documents

all documents attached ? yes  no

- Poster presentation at annual EAPM meeting (0.5 CP each)  
yes  no   
if yes, please list the year(s) and the title(s) of your poster and attach the document(s)

all documents attached ? yes  no

- Best Poster Slam or best Poster Prize (0.5 / 1.0 CP)  
yes  no   
if yes, please list the year(s) and the title(s) of your poster and attach the document(s)

all documents attached ? yes  no



- Oral presentation at annual EAPM meeting (1 CP each)  
**yes**  **no**   
if yes, please list the years and the titles of your oral presentation and the accompanying symposium and attach the documents

all documents attached ? **yes**  **no**

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- Clinical or research internship hosted by an EAPM member (max. 5 CP)  
(1 month = 1 CP, 3 months = 2.5 CP, < 6 months = 5 CP)  
**yes**  **no**   
if yes, please tell us the number of months, the name of the EAPM member and the address of her/his institution and attach the document (testimonial)

all documents attached ? **yes**  **no**

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- Special achievements in research or clinic in the field of PM/CL (max. 5 CP)  
(please list your achievements for evaluation by the EAPM Fellowship Subcommittee)  
**yes**  **no**   
**if yes, please list your achievements for evaluation by the EAPM Fellowship Subcommittee. If you want to add some documents, please attach them accordingly.**

**all documents attached ?** yes  no

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3. **A one-page letter of motivation with your Curriculum Vitae**
  - The motivational letter should address the candidate's contribution to the EAPM and/or the field of Psychosomatic Medicine.  
**document attached ?** yes  no



- **After approval by both the respective Advisory Board Member and the EAPM Fellowship Subcommittee you receive a fellowship certificate. Will you attend the next EAPM conference and want you thus receive your certificate at the ceremony?**

**Please write down the address where your certificate could be sent to:**

*please fill in your complete shipping address.*

**The fellowship has a validity of 10 years and should then be renewed by providing 10 CP again**