



European Academy of Paediatrics

Paediatric Section of U.E.M.S.
Union Européenne des Médecins Spécialistes

Nomination of Young EAP member

I hereby nominate: _____
(name)

of: _____
(junior paediatric society, if applicable)

as member of Young EAP for a period of up to 3 years.

The (expected) date of qualification as paediatrician is: _____
(month, year)

Nominated by: _____
(name)

(national paediatric society¹)

Date and signature: _____

Nominations should be sent to the European Academy of Paediatrics (EAP) secretariat at secretariat@epa paediatrics.eu.

¹The national society should be a full or associate member of the EAP