**Supervisor Support form for Candidates sitting for EBEEM Part B**

The Supervisor Support form must be completed for all candidates who wish to sit for the EBEEM Part B examination.

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](https://eusem.org/images/Curriculum_2.0_WEB.pdf)
* Worked in Emergency Departments, seeing a wide range of patient ages and presentations for at least the past 60 months;
* 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 supervisor, have supported them in their preparation.

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| **Statement** | **Please sign that you agree** |
| I have read the European Curriculum for Emergency Medicine and consider the candidate experienced in all areas of the curriculum |  |
| The candidate has been working in Emergency Medicine for a minimum of 60 months |  |
| I have worked alongside the candidate and the candidate is competent at the level described in the curriculum |  |
| The candidate has continued to undertake continuing professional development (CPD) in emergency medicine |  |

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

Supporter’s name (print)

Supporter’s position in the hospital:

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

Supporter’s specialty and training

**Months in Emergency Medicine form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role in post -specialty employment** | **Location – hospital name, city and country** | **Date started** | **Date finished** | **Total time in post in months** |
| *EXAMPLE Emergency medicine* | *EXAMPLE  St Mary’s Hospital, London, England* | *EXAMPLE 01.01.10* | *EXAMPLE 31.12.11* | *EXAMPLE 24 months* |
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I certify that the above information is correct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Supervisor