**EUROPEAN BOARD EXAMINATION IN UROLOGY  
FEBU EXAMS 2024-2025**

**STATEMENT FINAL-YEAR RESIDENT**

**This statement must be printed on letterhead paper of the training institute and signed by the Programme Director. An invalid document will be declined.   
  
The undersigned confirms that the applicant is a final-year resident who is trained as part   
of an official national urology training programme in an EBU member country.   
Fields marked with \* are required.**

**PERSONAL DETAILS (as printed in passport)**

**\*Surname(s) ­­­­** **\*First name(s)**

**TRAINING IN UROLOGY (including surgery) IN AN EBU MEMBER COUNTRY**

**\*Start training** **(mm)**  **(yy)**

**\*Country**

**\*End training**  **(mm)**  **(yy)**

**\*Country**

**\*Duration training in urology**  **(Years)**

**\*Expected date certification as urologist (mm) (yy)**

**Resident U.K/Ireland. : Official training number**

**Resident Turkey: Obligatory service Start (mm) (yy) & End (mm) (yy)**

**\*Name Institute/Clinic**

**\*Name Programme Director**

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**\*Signature Programme Director \*Place & Date**

**EBU Member Countries**  
Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey.