Proposal for an EScop Course Application Form

Name of the applicant:

Site:

Dates:

Title of the course:

Focus of the course:

Who should attend?

- resident pathologists
- certified pathologists
- others (specify)

Faculty:

- name of the responsible person
- other faculty

How is the information distributed?

- lectures
- videomicroscopy
- microscopy by conventional glass slides
- digitized slides
- other (specify)

How much time is devoted to:

- lectures (in %)
- practical mycroscopy of cases (in %)
- discussion of problem cases (in %)
- interactive discussion (in %)
- other (specify) (in %)

Budget plan:

- expenses:
  travel of faculty (only economy class for flights)
  expenses for accommodation
  others

- income:
  participation fee and number of participants
  sponsoring by companies
  sponsoring by local universities, institutes, private, city
  requests from the ESP