



## 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 microscopy 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