

**The statement must be printed on letterhead paper of the institute/clinic and signed by the programme director or will otherwise not be accepted.**

**EUROPEAN BOARD EXAMINATIONS IN UROLOGY**

**SAMPLE STATEMENT  
FINAL YEAR RESIDENTS ON A EUROPEAN TRAINING PROGRAMME**

The undersigned confirms that the following trainee is in his/her final year of training in urology:

**First name** : \_\_\_\_\_

**Sur name** : \_\_\_\_\_

**Nationality** : \_\_\_\_\_

**Training ends in** : \_\_\_\_\_ (Month/Year)

**Official training #:** \_\_\_\_\_ (U.K. residents only)

**Programme Director:** \_\_\_\_\_

**Institute/clinic** : \_\_\_\_\_

**Signature** : \_\_\_\_\_

**Date and place** : \_\_\_\_\_

**RETURN ADDRESS:**

EUROPEAN BOARD OF UROLOGY  
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6803 AA ARNHEM  
THE NETHERLANDS