

Confirmation letter from Host Centre

2025 EAPCI Education & Training grants programme

On behalf of the Interventional Cardiology Department of _____,
I can confirm, that during his/her Fellowship Dr. _____
will be allowed to work actively in the catheterization laboratory under the supervision of one of our senior staff
members. Neither his/her medical degree from a foreign country, nor his/her knowledge in official language of
the host center are considered a restriction to her clinical activities.

In addition, in line with the rules and regulations of the programme, we acknowledge that:

- Grant recipients are obliged to have health insurance either provided by the host institution or sourced by themselves.
- Grant recipients are responsible for the set-up of their own personal and professional insurance and for compliance with taxation rules according to the local fiscal regulations.

We acknowledge and agree with the rules and regulations of the 2025 EAPCI Fellowship Grants Programme.

Date, name and signature of the Mentor and/or Head of Department at the host center