**CREDIT APPLICATION FORM**

* SINGLE EVENT
* RECURRING EVENT

**EVENT**

Please send the program – if not available, please send a provisional one

|  |  |
| --- | --- |
| **TITLE** |  |
| **DATE-S** |  |
| **LOCATION** |  |
| **TOPIC** |  |

|  |  |
| --- | --- |
| **Effective duration (without breaks, meals, etc.** |  |

|  |  |
| --- | --- |
| **Start and end time** |  |

|  |  |
| --- | --- |
| **Requested credit-s** | (1hour is equivalent to 1 credit) |

**SCIENTIFIC RESPONSIBLE-S**

(at least one title holder in Neonatology is involved in the development of the program)

|  |  |  |  |
| --- | --- | --- | --- |
| **First name**  **Last name** |  | **Speciality** |  |
| **Email** |  | | |
| **First name**  **Last name** |  | **Speciality** |  |
| **Email** |  | | |

**ORGANIZATION**

If not the same as the scientific responsible-s

* Professional Congress Organizer
* Pharmaceutical company
* Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **NAME, CONTACT DETAILS OF ADMINISTRATION / ORGANISATION** |  |
| **Contact Person** |  |
| **Email / Telephone** |  |
| **Registration website** |  |

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**SPONSORING**

According to the SAMW guidelines, mono sponsoring is not allowed

* YES
* NO

|  |  |
| --- | --- |
| **If yes, please mention at least 3 companies** |  |

* I confirm that the SAMW guidelines “[Cooperation between the medical profession and industry”](https://www.samw.ch/en/Ethics/Topics-A-to-Z/Collaboration-medical-profession-industry.html) and the SAMW checklist regarding the awarding of credits for continued education are followed.

**REMARKS**

SSN website: your event is automatically published on the SSN website under “[conferences](https://www.neonet.ch/conferences)”.

Certificate of participation: the organization issues a certificate of participation to all participants.

The SSN does not apply any fees for this credit application.

**This form must be completed and sent to the Office Secretariat, with the program,**

**at least 6 weeks before the event to:**

**info@neonet.ch**

For internal use, please leave empty

|  |  |  |
| --- | --- | --- |
| Visa of SSN Responsible | Credits | Date |