**Skills List: Anesthetists**

Personal Information:

Last Name

First Name

Date of Birth

E-mail

Phone

Level of English:

Level of French:

Level of Spanish:

Medical Education :

Medical Diploma:

Date obtained:

University, Town, Country:

Registration No. :

Specialization in anesthesia:

Date (start-completion):

Internships in Anesthesia (+ and length if diploma is from the last 2 years):

Internships in Anesthesia

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of activity** | **Start-End dates** | **Length** | **Hospital/Clinic** |
| **Pediatrics** |  |  |  |
| **Trauma** |  |  |  |
| **Obstetrics** |  |  |  |
| **ICU** |  |  |  |

Reanimation Internships

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of activity** | **Start-End dates** | **Length** | **Hospital/Clinic** |
| **Adult reanimation** |  |  |  |
| **Pediatric reanimation** |  |  |  |
| **Medical reanimation** |  |  |  |
| **Surgical reanimation** |  |  |  |

Urgent Care Internships

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Activity** | **Start-End dates** | **Length** | **Hospital + description of activities** |
|  |  |  |  |

Internships: others

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of activity** | **Start-End** | **Length** | **Hospital/clinic and description of activities** |
|  |  |  |  |

Medical Diploma specializing in Anesthesia

Date obtained:

University, town, country:

Other medical training (ultrasound, Fast Echo, local/regional anesthesia, pain treatment, palliative care, teaching/training, public health, tropical medicine, ATLS, others...)

Scan Table

|  |  |  |
| --- | --- | --- |
| **Trainings** | **Type of Training/ year** | **Practice regularly? - yes/no** |
| **Echo Fast**  |  |  |
| **Echocardiogram** |  |  |
| **vascular scan** |  |  |
| **Local/regional anesthesia - neurostimulation** |  |  |
| **Local/regional Anesthesia - scan** |  |  |
| **Palliative care** |  |  |
| **Pain treatment** |  |  |
| **Teaching** |  |  |
| **Others** |  |  |

Professional Anesthetist Career

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Activity (Pediatric, Trauma, Obstetrics, ICU, urgent care, others)** | **Date (start-end)** | **Title/Function** | **Hospital/town/country** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Other professional activities

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Activity** | **Date (start-end)** | **Title/Function** | **Name of company/town/country** |
|  |  |  |  |
|  |  |  |  |

Miscellaneous

Publications:

Anesthetists References (2)

Reference 1

Name:

Profession:

E-mail :

Telephone:

Reference 2

Name:

Profession:

E-mail :

Telephone: