

**THE INTERNATIONAL ACADEMY OF CYTOLOGY**

Office of the Secretary-Treasurer  
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**THE INTERNATIONAL BOARD OF CYTOPATHOLOGY**

**INSTRUCTIONS FOR YOUR APPLICATION**

1. Type or print all information, complete all sections and use additional sheets if necessary
2. Enclose two letters of recommendation,
3. Copies of any specialty diplomas (e.g. pathology, gynecology etc.) and medical license
4. Sign statement (page 4) and enclose one passport size photograph
5. Payment of the examination fee (Euro 450) is processed via [the IAC website](http://www.cytology-iac.org/international-board-of-cytopathology/on-line-payment-of-examination-fee).  
[www.cytology-iac.org/international-board-of-cytopathology/on-line-payment-of-examination-fee](http://www.cytology-iac.org/international-board-of-cytopathology/on-line-payment-of-examination-fee)

Pay on mobile:



<b>NAME</b>	Last Name	First Name	Middle Name			
<b>DATE OF BIRTH</b>	Date (Day/Month/Year)	Country of birth	Present citizenship			
<b>WORK ADDRESS</b> (Correct postal address)	Current position, if Hospital or Medical Center include name of Institution					
	Street name and number					
	Town/City		Postal code			
	State/Province		Country			
	Work telephone:		Work fax:			
	Email:					
<b>HOME ADDRESS</b> (Correct postal address)	Street Name and Number		Town/City			
	State		Postal code			
	Country					
	Home telephone number:		Home fax or e-mail address:			
<a href="#">Examination Schedule available on the IAC Webpage</a> , please indicate preferred site:						
Please indicate preferred language: (Other languages are supplied when there are more than 50 applicants requesting a preferred language.)		English	French	German	Japanese	Spanish

**Do not write below – official space only**

Received:	Letters of recommendation, Sponsors:	Pre-approval chairman	Board grading:	Diploma date:
Fee:	MIAC since:	Committee approval	Examination code:	Diploma sent:

**Mandatory requirements:**  
 At least two years medical membership of the International Academy of Cytology (MIAC)  
 Completed training in anatomic pathology and at least one year full time training and experience in cytopathology **OR**  
 Completed training in a specialized medical field other than anatomic pathology and at least two years experience in all aspects of cytopathology

<b>MEDICAL DEGREE</b>	Year _____ School _____
	City/Town _____ Country _____

<b>SPECIALITY TRAINING</b>	Hospital _____ Director _____
	from (date) _____ to (date) _____
	Hospital _____ Director _____
	from (date) _____ to (date) _____
	I am a certified specialist in my country of residence:    YES                  NO I passed my specialist examination in (subject):  (Place) _____ (Date) _____

<b>TRAINING IN CYTOPATHOLOGY OR CLINICAL CYTOLOGY  (Full-time only)</b>	Hospital _____  Director _____
	from (date) _____ to (date) _____

**PRACTICE IN  
CYTOPATHOLOGY  
OR  
CLINICAL  
CYTOLOGY**

1.	Hospital	City/Town
	from (date)	to (date)
2.	Hospital	City/Town
	from (date)	to (date)
3.	Hospital	City/Town
	from (date)	to (date)
4.	Hospital	City/Town
	from (date)	to (date)

**PUBLICATIONS**

(Separate sheets may be used)

## LETTERS OF RECOMMENDATION

Please include the letters of two (2) physicians who will recommend you for admission to the International Board of Cytopathology and who will attest to your character and professional standards. These physicians **do not** necessarily need to be Fellows or Members of the Academy.

NAME	
HOSPITAL/ UNIVERSITY	
E-MAIL ADDRESS	
NAME	
HOSPITAL/ UNIVERSITY	
E-MAIL ADDRESS	

### GENERAL INFORMATION TO APPLICANTS

After receipt of the application, the Secretary of the Board will seek approval for the applicant to sit the examination with the International Board of Cytopathology.

After approval, the Office of the Registrar will then confirm participation and inform the applicant where and when to register at the examination site.

The examination is in three parts:

- 1) Practical examination - glass slides - a microscope is required for this examination
- 2) Projected images examination
- 3) Written examination

The question format is multiple choice

Candidates will be informed 8-10 weeks after the test date as to the outcome of the examination.

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### APPLICATION STATEMENT TO BE SIGNED BY APPLICANT

**I solemnly declare that - to the best of my knowledge - all statements made above are true.**

I am, a Member of the International Academy of Cytology in good standing for more than two (2) years at this time, and desire to take the Examination of the International Board of Cytopathology.

Date:

Signature:

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