

**Practical activities to be performed during training towards the obtainment of the EADO Certificate for Medical Tumor Therapy in Dermato-Oncology**

The activities logbook should be signed by the supervisor for each period of training and institution as below.

Please state all relevant clinical training periods completed in an EADO-certified Training Centre for Dermato-Oncology OR in a Department of Medical Oncology, Haematology-Oncology or equivalent nationally accredited to administer systemic anti-neoplastic therapies to skin cancer patients.

The training can be completed in different institutions, and must cumulate a total of 12 months completed within the 3 years prior to the date of the application for the Certification.

<b><i>Institution 1</i></b>			
<b><i>Training Supervisor</i></b>			
<b><i>Time of training</i></b>	<i>Start date (dd-mm-yy)</i>	<i>End date (dd-mm-yy)</i>	<i>Total no. of months</i>
No. of Cases treated with targeted therapy attended, including subsequent monitoring and control of complications/ side effects			
No. of cases treated with immunotherapy attended, including subsequent monitoring & control of complications/side effects			
No. of cases treated with other antineoplastic therapy (including chemotherapy) attended including subsequent monitoring and control of complications/ side effects			
No. of Cases treated with adjuvant antineoplastic therapy supervised, including subsequent monitoring and control of complications/side effects			
Cases treated within clinical trials supervised, including subsequent monitoring and controlling of side effects/ complications			
No. of multidisciplinary tumor boards attended			
No of educational events attended during training (staff meetings, case presentations, courses etc.)			
<b>Date, Stamp and Signature of Training Supervisor</b>			

<b><i>Institution 2</i></b>			
<b><i>Training Supervisor</i></b>			
<b><i>Time of training</i></b>	<i>Start date (dd-mm-yy)</i>	<i>End date (dd-mm-yy)</i>	<i>Total no. of months</i>
No. Cases treated with targeted therapy attended, including subsequent monitoring and control of complications/ side effects			
No. Cycles of immunotherapy performed including subsequent monitoring & control of			

complications/side effects	
No. Cycles of other antineoplastic therapy (including chemotherapy) performed including subsequent monitoring and control of complications/ side effects	
No. of Cases treated with adjuvant antineoplastic therapy supervised, including subsequent monitoring and control of complications/side effects	
Cases treated within clinical trials supervised, including subsequent monitoring and controlling of side effects/ complications	
No. of multidisciplinary tumor boards attended	
No of educational events during training (staff meetings, case presentations, courses etc.) attended	
<b>Date, Stamp and Signature of Training Supervisor</b>	

<b><i>Institution 3...</i></b>			
<b><i>Training Supervisor</i></b>			
<b><i>Time of training</i></b>	<b><i>Start date (dd-mm-yy)</i></b>	<b><i>End date (dd-mm-yy)</i></b>	<b><i>Total no. of months</i></b>
No. of Cases treated with targeted therapy attended, including subsequent monitoring and control of complications/ side effects			
No. of Cycles of immunotherapy performed including subsequent monitoring & control of complications/side effects			
No. of Cycles of other antineoplastic therapy (including chemotherapy) performed including subsequent monitoring and control of complications/ side effects			
No. of Cases treated with adjuvant antineoplastic therapy supervised, including subsequent monitoring and control of complications/side effects			
No. of Cases treated within clinical trials supervised, including subsequent monitoring and controlling of side effects/ complications			
No. of Multidisciplinary tumor boards attended			
No of Educational events attended during training (staff meetings, case presentations, courses etc.)			
<b>Date, Stamp and Signature of Training Supervisor</b>			

Please include the PDF copy of the signed and stamped logbook in the application file to be sent to [info@eado.org](mailto:info@eado.org)