

European Specialization in Oncology Pharmacy (EUSOP)

Application for accreditation of EUSOP national trainings

Name of the society/ institution:	
Country:	
Name of the applicant/ responsible person:	
Email address of the applicant/ responsible person:	
Title/ profession of the responsible person within the national society/ institution:	
Please state what is the relation of the responsible person with ESOP:	
Title of the event:	
Date(s) and duration of the event:	
Full name of speaker(s):	
Billing address: (companies name/ name, street, zip, country)	

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Please mark with a cross what topics you want to cover in your national training:



Education Content	Lecture	EUSOP Code	Time (min)
Personal Protective Equipment (PPE)		1.C.3	20
Spill-Kit		1.C.4	20
Waste Disposal		1.C.5	20
Methods of Dose Calculation		1.C.7	30
Emergency in Oncology Treatment (Extravasation)		1.G	30
Pharmacovigilance		2.F	60
Information Sources and Literature		2.H	60
Nutritional Support in Cancer Patients		2.I	60
Supportive Therapy in Clinic		3.F.2	60
Pharmaceutical Care Plan and Documentation		3.F.3	60
Patient Counseling		3.J.1	60
Regulatory aspects of biosimilars		4.D.1	60
Substitution/Interchangeability/Switching		4.D.2	60
Clinical Guidelines, Central		4.E.4	60
Practical challenges implementation use of Biosimilars		4.H	60

Please send the filled in application form and a draft of the schedule to the following email address: organization@esop.li

Date/ Location

Signature