This document is a very important part of the application for eligibility. It must show the candidate's and tutor's name and the tutor's signature.

**KNOWLEDGE**

<table>
<thead>
<tr>
<th>Organ</th>
<th>Subject</th>
<th>Competence level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1-4 (see below)</td>
</tr>
<tr>
<td>Thyroid</td>
<td>Pathophysiology</td>
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<tr>
<td></td>
<td>Benign diseases</td>
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<tr>
<td></td>
<td>Malignant diseases</td>
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<tr>
<td></td>
<td>Surgical approaches &amp; complications</td>
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<tr>
<td>Parathyroid</td>
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</tbody>
</table>

**Competence level**

1. knows of
2. knows basic concepts
3. knows generally
4. knows specifically and broadly

Applicant's name  ____________________________  Tutor's name  ____________________________

Place/Date  ____________________________  Tutor's signature  ____________________________
An Entrustable Professional Activity (EPA) is a critical part of professional work that can be identified as a unit to be entrusted to a trainee once sufficient competence has been reached. The key factor is Entrustment. The trainee is not only capable of tackling the particular procedures or units independently but he can be trusted to do this by his tutor(s). The units listed include the competencies that surround these procedures that are further explained in the Syllabus. The 5 levels of competence are shown below and further explained in the Curriculum.

**CLINICAL SKILLS**

<table>
<thead>
<tr>
<th>Organ</th>
<th>Subject</th>
<th>Competence level 1-5 (see below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thyroid</td>
<td>Investigation &amp; diagnosis</td>
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<td></td>
<td>Indications for surgery</td>
<td></td>
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<tr>
<td></td>
<td>Preoperative management</td>
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<tr>
<td></td>
<td>Postoperative management &amp; complications</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Competence level**

1. Has observed.
2. Can do with assistance.
3. Can do whole but may need assistance.
4. Competent to do without assistance, including complications, but may need advice or help.
5. Can be trusted to carry out the procedure, independently, without assistance or need for advice (EPA).

Applicant’s name: ___________________________ Tutor’s name: ___________________________

Place/Date: ___________________________ Tutor’s signature: ___________________________
### TECHNICAL SKILLS

<table>
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<tr>
<th>Organ</th>
<th>Procedure</th>
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</thead>
<tbody>
<tr>
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<td></td>
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<td>Thyroid resection</td>
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<tr>
<td></td>
<td>Thyroid lobectomy</td>
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</tr>
<tr>
<td></td>
<td>(Sub)total Thyroidectomy</td>
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<tr>
<td></td>
<td>Thyroid re-operations</td>
<td></td>
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<tr>
<td></td>
<td>Surgery due to thyroid cancer</td>
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<tr>
<td></td>
<td>Lymph node dissection central/lateral</td>
<td></td>
</tr>
<tr>
<td>Parathyroid</td>
<td>Unilateral/bilateral parathyroidectomy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subtotal/total parathyroidectomy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parathyroid autotransplantation</td>
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<td>Adrenals</td>
<td>Laparoscopic/retroperitoneoscopic/openadrenalectomy</td>
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Applicant’s name ______________________  Tutor’s name ______________________

Place/Date ______________________  Tutor’s signature ______________________