

Appendix A – Confirmation letter from Host Centre

2024 EAPCI Education & Training grants programme

On behalf of the Interventional Cardiology Department of the *Name of Centre*, I can confirm, that during the Fellowship Dr. *Name of the Grant Winner* will be allowed to work actively in the catheterization laboratory under the supervision of one of our senior staff members. Neither his/her medical degree from a foreign country, nor his/her knowledge in the official language of the host center are considered as a restriction to the clinical activities.

In addition, in line with the rules and regulations of the programme, I understand that:

- Grant recipients are obliged to have health insurance either provided by the host institution or sourced by themselves.
- Grant recipients are responsible for the set-up of their own personal and professional insurance and for compliance with taxation rules according to the local fiscal regulations.

I have consulted and agree with the 2024 EAPCI Fellowship Rules & Regulations, available at https://www.escardio.org/Education/Career-Development/Grants-and-fellowships/EAPCI-interventional-cardiology-training-and-research-grants

Date, name and signature of the Mentor and/or Head of Department at the host center

