

PROPOSAL FOR AN NDA COURSE

Name of the course:

Place of the course:

Time of the course:

Number of participants:

Aims of the course: describe the knowledge, skills and abilities that should be obtained during the course.

Teaching methods:

Budget (or attach a separate page):

Suggested professional organizer:

Evaluation method of the course (e.g. NDA form):

If the course is accepted, the organizers promise to send a final report containing a summary of the feedback to the NDA office.

Name(s), affiliation(s) and contact information of the person(s) responsible for the organization of the course:

Time and place

Signature

Please return this form with the program of the course to the NDA's Main Office, email: info@nordicdermatology.com at least nine months prior to the planned timing of the course.