



European Society  
of Endodontology



**APPLICATION FORM**

**ESE CERTIFICATION OF  
PRIVATE ENDODONTIC COURSES**



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TITLE OF COURSE:

DATE(S): (only current year will be considered)

LECTURER(S): (with email)

ORGANIZER:

LECTURER'S SHORT BIO: (maximum 150 words)

SUMMARY: (maximum 300 words)

COURSE AIM:

KEY LEARNING OBJECTIVES: (3-5 bullet points)

LOCATION: (e.g., private office, hotel, centre for courses)

DURATION: (in hours, not including breaks and lunch)

PARTICIPANT NUMBER: (maximum)

TYPE OF COURSE: More than one option can be selected

- Lecture presentation ( )
- Online ( )
- In person ( )
- Live demonstration ( )
- Live demonstration on a patient ( )
- With participants in hands on laboratory or practice ( )
- With participants practice on patients ( )

CREDITS: (if applicable)

SPONSORSHIP: (if applicable)

COMMERCIAL INTEREST DISCLOSURE: (if applicable)

ADDITIONAL INFORMATION: (optional)

ATTACHMENTS:

- PDF of course plan (mandatory)
- Feedback Survey form (mandatory)
- BROCHURE (optional)