



## IPPA Course Waiting list form

**Last name**

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**First name**

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**Country**

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**Email address**

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**Actual position**

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in this position since (year)

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Please select if your  
paediatric/perinatal practice is full time or part time

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Please indicate if you had  
formal training in paediatric  
and perinatal pathology

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If yes, please indicate  
the years of experience  
after completion of  
training

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Date of completion of this form

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Kindly email this form along with a short CV (pdf format) to

[pedpath@usz.ch](mailto:pedpath@usz.ch)

You will be added to the waiting list

**Important note:** Due to the high number of applicants, we can only accept submissions that are complete, including an attached CV.

If your application is incomplete, you will not be added to the waiting list.

We are especially proud of the popularity of the IPPA course; however, the downside is the long waiting time of up to several years.

Thank you for your interest in IPPA Course and I am looking forward to meeting you in person during the course.

In the meantime if you want to stay informed please visit:

[IPPA](#).

Best regards

A handwritten signature in blue ink that reads 'Peter Bode'.

Dr. Peter Bode  
IPPA Course Director