

**Confirmation letter from Host Centre**  
**2026 EAPCI Education & Training grants programme**

On behalf of the Interventional Cardiology Department of \_\_\_\_\_,  
I hereby confirm that during his/her Fellowship Dr. \_\_\_\_\_  
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 proficiency level in the official  
language of the host center is considered a restriction to his/her clinical activities within our institution.

In addition, in line with the rules and regulations of the Programme, we acknowledge that:

- Grant recipients must have valid health insurance either provided by the host institution or arranged by themselves.
- Grant recipients are responsible for arranging their personal and professional insurance and for ensuring compliance with taxation rules according to local fiscal regulations.

We acknowledge and agree with the rules and regulations of the EAPCI Fellowship Grants Programme 2026.

Date: \_\_\_\_\_,

Name: \_\_\_\_\_

Signature of the Mentor and/or Head of Department at the host center

  
  

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