EUROPEAN
BOARD EXAMINATION
IN LARYNGOLOGY

EBEL – European Board Examination in Laryngology

Structured Logbook Form

(to be read in conjunction with Guidance Notes for Referees and examination Regulations)

Examination Edition (year)	
Applicant's Last Name	
Other Names in full	
Date of Birth (day/month/year)	

Please tick relevant box

1. How many microlaryngoscopies for voice disorders have you performed in the OR in the last two years?

- ☐ < 10
- ☐ 10-30
- ☐ 31-50
- ☐ 51-100
- ☐ > 100

2. How many thyroplasties have you performed in the last two years?

- ☐ < 10
- ☐ 10-30
- ☐ 31-50
- ☐ 51-100
- ☐ > 100

3. How many endoscopic procedures have you performed for UES problems (Zenker's/MC Bar, dilatations) in the last two years?

- ☐ < 10
- ☐ 10-20
- ☐ 21-50
- ☐ > 50

4. How many external procedures for UES problems (Zenker's/MC Bar, dilatations) have you performed in the last two years?

- ☐ < 10
- ☐ 10-30
- ☐ 31-50
- ☐ > 50

5. How many endoscopic airway procedures have you performed in the last two years (dilatations, cordectomies)?

- ☐ < 10
- ☐ 10-30
- ☐ 31-50
- ☐ > 50

6. How many external airway procedures have you performed in the last two years (dilatations, cordectomies)?

- ☐ < 10
- ☐ 10-30
- ☐ 31-50
- ☐ > 50

7. How many endoscopic dysplasia/cancer resections have you performed in the last two years?

- ☐ < 10
- ☐ 10-30
- ☐ 31-50
- ☐ > 50

8. How many open cancer resections (e.g. partial or total laryngectomy/pharyngectomy) have you performed in the last two years?

- ☐ < 10
- ☐ 10-30
- ☐ 31-50
- ☐ > 50

9. How many office-based procedures excluding biopsies (e.g. vocal fold injections, laser procedures) have you performed in the last two years?

- ☐ < 10
- ☐ 10-30
- ☐ 31-50
- ☐ 51-100
- ☐ > 100

Confirmation

- ☐ I confirm that I as a referee am a qualified ENT-HN surgeon.
- ☐ I confirm that I have direct knowledge of the applicant's current clinical practice within the last 2 years.
- ☐ I confirm that I have examined the applicant's logbook and CV and found it accurately reflect the clinical and operative experience of the candidate.
- ☐ I accept that I have a responsibility to the profession and confirm that the information contained in this reference is true and accurate and referenced to Good Medical Practice.
- ☐ I confirm that, to the best of my knowledge, the information I have given in this structured reference is true and accurate. I understand that it will be used by the European Laryngology Examination Board in its evaluation of this doctor's application for entry to the post-doctoral European Board Examination in Laryngology.

Date: _____

Name: _____

Designation: _____

Signature: _____

It is the applicant's responsibility to ensure that both references are uploaded at the time of online application.