

MASTER PROGRAM ON CHILDREN, ADOLESCENT
AND WOMEN'S ENDOCRINE HEALTH
academic year 2014-2015 (12th edition)

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GENERAL INFORMATION

The Master Program on "Childhood, Adolescent and Women's Endocrine Health" of the University of Messina is a second level Master Program, consisting of four modules, and reserved, in its entirety, to persons who have earned a M.D. degree (**graduates in Medicine, physicians**) or who graduated in **allied Health Sciences**. Graduates in Medicine and **graduates in other branches (nonphysicians)** can attend **one or more modules** but only physicians, nurses and **graduated in branches of the Health Sciences** are admitted to the stages. Only those who attend the **whole Master Program (1500 hours**, equivalent to **60 credits**, including hours/credits for thesis preparation and individual study) can earn the title of Master and receive the Diploma. **Those who attend less than four modules** cannot get the title of Master and cannot get the Diploma. Those who are **non-physicians** and who did not graduate in Health Sciences cannot get the title of Master and cannot get the Diploma, even though they attend all four modules. All of those who do not qualify for the title of Master and related Diploma **will earn a Certificate of Attendance** and related University Credits (UC). This Master complies with the Regulations for the High Education Courses of the University of Messina (Messina, Italy).

For the **academic year 2014-2015, 20 (twenty) positions are available: 10 (ten) for physicians** and 10 (ten) for others. **Foreign physicians, particularly from the European Community**, are welcome to attend.

This Master Program was instituted on November 11, 2003 with the decree no. 1813 by the *Rector Magnificus* of the University of Messina, Italy. Because of its features and performances, the academic authorities of the University of Messina have granted renewal for each subsequent academic year.

Strong points to get the first approval (November 2003) and to get renewals are : (i.) the **novelty** of the Master program not only in Sicily but also across Italy and, to best of the Master Program Director's knowledge, across Europe; (ii) a **Faculty of teachers who speak English fluently**, so as to attract non-Italian natives ; (iii.) the **structure of the teaching activities**, with only 4% of the grand total of hours (that is 56 of 1500 hours) being devoted to formal lessons, as opposed to 23% of the grand total of hours being devoted to interactive modalities (**interactive teaching, work in small groups**) not mentioning the 27% of the grand total of hours devoted to **stages in a great variety of clinical structures**; (iv.) **the very low cost of the tuition fee (euro 1,500/00 for the entire Master, euro 500/00 for a single module)** , the cheapest Italian Master Program in the field of Medicine we are aware of; (v.) **endorsement by the Italian Society of Endocrinology**.

Not surprisingly, this Master Program was awarded the **maximum number of credits (60)** and, in the year of attendance, the attendee is waived the obligation of earning credits for the purposes of the Continual Medical Education. Not less surprisingly, this Master Program, was **considered one of the Italian "Superstar Master Programs"** by the authoritative Italian financial newspaper "**IL SOLE 24 ORE**".



IL DIRETTORE
PROF. DOMENICO GIACOMINI

DIDACTICAL PLAN

MODULE # 1. ENDOCRINOLOGY OF THE CHILDHOOD AND ADOLESCENCE.

Hours	Credits	Ways of Learning	OBJECTIVES
25	1	Formal lessons (FL)	<u>To furnish up-to-date and advanced both knowledge and competence, and practical skills on:</u> physiopathology and clinics of growth and puberty. Particular emphasis is on: short stature; abnormalities of the sexual differentiation ; disorders of puberty; disorders of the menstrual cycle; contraception; eating disorders; type 1 diabetes; adrenal gland disorders; hirsutism/acne
100	4	Interactive teaching (ID)	
62.5	2.5	Small-group work (SGW)	
175	7	Stages	
12.5	0.5	Seminars	
125	5	Individual study (IS)	

MODULE # 2. ENDOCRINOLOGY OF THE WOMAN IN HER FERTILE AGE.

Hours	Credits	Ways of Learning	OBJECTIVES
12.5	0.5	Formal lessons (FL)	<u>To furnish up-to-date and advanced both knowledge and competence, and practical skills on:</u> physiopathology and clinics of endocrine axes, calcium and phosphorus metabolism, carbohydrate and lipid metabolism. Particular emphasis is on: thyroid disorders, menstrual cycle disorders, polycystic ovary syndrome, fertility disorders, recurrent pregnancy losses, eating disorders, type 2 diabetes, pituitary disorders, adrenal gland disorders, benign/malignant breast diseases, skin diseases, autoimmune disorders.
50	2	Interactive teaching (ID)	
31.25	1.25	Small-group work (SGW)	
100	4	Stages	
6.25	0.25	Seminars	
125	5	Individual study (IS)	

MODULE # 3. ENDOCRINOLOGY OF THE WOMAN IN HER POST-FERTILE AGE.

Hours	Credits	Ways of Learning	OBJECTIVES
12.5	0.5	Formal lessons (FL)	<u>To furnish up-to-date and advanced both knowledge and competence on:</u> physiopathology of the menopause and aging. Particular emphasis is on: osteoporosis; estrogen replacement therapy; prevention on tumors; thyroid, pituitary and adrenal gland disorders.
50	2	Interactive teaching (ID)	
31.25	1.25	Small-group work (SGW)	
100	4	Stages	
6.25	0.25	Seminars	
125	5	Individual study (IS)	

MODULE # 4. ENDOCRINE and METABOLIC EMERGENCIES.

Hours	Credits	Ways of Learning	OBJECTIVES
6.25	0.25	Formal lessons (FL)	<u>To furnish up-to-date and advanced both knowledge and competence on:</u> acute disorders of the thyroid, parathyroid, adrenals, pituitary and endocrine pancreas that require prompt recognition and treatment.
12.5	0.5	Interactive teaching (ID)	
6.25	0.25	Small-group work (SGW)	
25	1	Stages	
0	0	Seminars	
125	5	Individual study (IS)	

In addition, **175 hours (= 7 credits)** are earned to prepare **the thesis**.

SUMMARY OF THE 1500 hours (equivalent to 60 University Credits, UC).

	Module # 1	Module # 2	Module # 3	Module # 4	Subtotal	TOTAL
FL	25	12,5	12,5	6,25	56,25	
ID	100	50	50	12,5	212,5 *	
SGW	62,5	31,25	31,25	6,25	131,25 *	
Stages	175	100	100	25	400	
Seminars	12.5	6.25	6.25	0	25	
IS	125	125	125	125	500	
Subtotal	500	325	325	175	1325	1325
Thesis					175	175
TOTAL						1500

Abbreviations: FL= Formal Lessons; ID= Interactive Teaching; IS= Individual Study; SGW = Small Group Work.

* To meet needs of participants (such as working duties that prevent them to be present in Messina), a fraction of these hours can be used for tutor-assisted on-line teaching.

SUMMARY OF THE 60 CREDITS.

	Module # 1	Module # 2	Module # 3	Module # 4	Subtotal	TOTAL
FL	1	0.5	0.5	0.25	2.25	
ID	4	2	2	0,5	8,5	
SGW	2.5	1.25	1.25	0.25	5.25	
Stages	7	4	4	1	16	
Seminars	0.5	0.25	0.25		1	
IS	5	5	5	5	20	
Subtotal	20	13	13	7	53	53
Thesis					7	7
TOTAL						60

Abbreviations: FL= Formal Lessons; ID= Interactive Teaching; IS= Individual Study; SGW = Small Group Work

Attendance per module(s) is allowed. However, **only physicians, nurses, graduates in brabche of the Health Sciences are admitted to the stages** of the module(s) they have chosen. The hours (and credits) per each module are those tabulated above.

SUMMARY OF THE HOURS AND CREDITS FOR NON-PHYSICIANS.

Because **non-physicians cannot be admitted to the stages** and are not required to prepare a thesis, the total of hours (and credits) **per each module** they elect to attend is reported in the Table.

Module	Hours	Credits
# 1	325	13
# 2	225	9
# 3	225	9
# 4	150	4

Calendar (year 2015). Overview on a weekly basis *.

No. of week	Scheduled days	Module	Topic of the week
1	January, 26 - 30	1	The growth and its disorders.
2	February, 02-06	2	The menstrual cycle and its disorders in women.
3	February, 09 - 13	1	The menstrual cycle and its disorders in adolescents.
4	February, 16 - 20	2	The hyperandrogenism.
5	February, 23 - 27	2	Pituitary adenomas. Hypopituitarism.
6	March, 02 - 06	1	Puberty and its disorders.
7	March, 09-13	2	Infertility and Medical Sexology.
8	March, 16 - 20	1	Type 1 diabetes mellitus.
9	March, 23 - 27	3	Osteoporosis.
10	March, 30- April 03	3	The breast. Oncological prevention.
11	April, 13 - 17	1	Obesity and disorders of eating behavior.
12	April, 20 - 24	3	Endocrine hypertension.
13	May 04 - 08	1	Adrenal disorders.
14	May, 11-15	3	Miscellanea
15	May, 18-22	1	Thyroid and parathyroid disorders.
16	May, 25-29	4	Endocrine and metabolic emergencies.

* If, for unforeseen circumstances, this calendar has to be modified, notice will be given to the Master Program's participants. Upon arrangements with the Faculty, switch of topics between weeks are possible to meet needs of the participants.

APPLICATION

The application form is **attachment A** which, like attachments B and C, is at the end of this document. The application form should be sent via courier or registered mail so that it will be received **NOT LATER than January 20, 2015**. The envelope containing the application form and the documents specified below should be sent to "Master Universitario Endocrinologia dell'Infanzia, dell'Adolescenza e della Donna c/o Segreteria di Endocrinologia, Dipartimento di Medicina Clinica e Sperimentale, A.O.U. Gaetano Martino, Padiglione H, 4° piano, via Consolare Valeria, 98125 Messina, Italy".

The documentation required is :

1. Application form (**attachment A**)
2. Photocopy of the wire transfer to Unicredit SpA - Tesoreria Enti-, Corso G. Garibaldi, 54 - 98122 Messina, Italy, using these international coordinates: **IBAN: IT9800200816511000102371583, BIC SWIFT: UNCRITM1K66**. The amount to be transferred is euro 100/00 (onehundred/00). **The accompanying information for the wire transfer is "Master di Endocrinologia- Tassa di partecipazione"**. If the foreign applicant leaves in Italy and has access to an Italian bank located in Italy, then he/she has to use the national coordinates of Unicredit SpA, that is: IBAN **"IT9800200816511000102371583"**.
3. Certificate of graduation in Medicine (or other graduation) in English or translated in English (translation in Italian is also OK).
4. *Curriculum vitae*, with reference, if any, to title of thesis, possible doctorates, specializations, stages in other universities, knowledge of foreign languages, scientific publications, etc...
5. Two color photographs similar to those appearing in passports.
6. Full mailing address, including telephone (with country code and city code), cell phone (if owned), fax (if available), email.
7. Photocopy of passport (cover and page containing photo and identification details).
8. Letter of intent by possible sponsors who are willing to pay for the participation fee (see below).
9. Letter stating the preferred date(s) for the admission interview if the conventional one (see below, *ACCESS*) is not OK for you.

In the event one interested participant becomes aware of this Master Program shortly prior to the above deadline of January 20, 2015 and cannot provide the certificate of graduation, he/she should add a signed letter stating that he/she will provide the certificate as soon as possible.

Admission to the whole Master (all four modules plus stages)- **Once admitted** to attend the Master Program, the **physicians** should fill-in **attachment B** and pay the participation fee of **euro 1,400/00** (one thousand four hundred/00), with the option of paying in two instalments of **euro 700/00** (seven hundred/00) each. The first instalment is due within 15 days from the communication of admission to attend the Master, the second within the third month of the Master Program. Failure to comply with the participation fee will result in no admission to the final examinations and, consequently, no release of the Diploma.

Participation to modules (any one, two or three for **physicians**; up to four for **non-physicians**) – The participation fee is **euro 400/00** (four hundred/00) **per each module up to three**, and 1,400/00 for all four modules. Either amount has to be paid prior to the beginning of each of the modules chosen (see Calendar), and the modality of payment has to be specified upon filling-in the Registration form (**attachment C**). Attachment C has to be filled in within the first day of the module chosen or the first day of the modules chosen. **Non-physicians** can attend all four modules unless they are nurses or they graduated in branches of the Health Sciences, **they will not be admitted to the stages**, because of the strictly clinical nature of the stages themselves.

Attendance to the whole Master Program or modules thereof can be supported by companies, universities, private institutions/foundations, etc... If the applicant is already aware of such **financial sponsorship**, please add this information in the documentation enclosed with the application form (**attachment A**).

ACCESS

As a second level Master Program, **current regulations require** that the physicians who want to attend the whole Master have to **pass an interview (admission test)** in front of the Scientific Committee of this Master Program (Interview will focus on interest and motivations, summary of their thesis). Typically, the interview is scheduled the Saturday morning of the week that precedes the beginning of the didactic activities (see above, Calendar). The candidate will be notified of his/her admission after interviews of all candidates have been concluded. Upon admission, the participant has to fill **attachment B**.

Those (either physicians or non-physicians) who want to attend only modules will be admitted directly without passing the interview. Within the first day of the single module or the multiple modules they have chosen, they are required to fill-in **attachment C**.

ATTENDANCE

Current regulations permit an **absence of 20%** out of the total of 1500 hours, that is an **absence of 300 hours for those who attend the whole Master Program**. Particular and objectively longer absences (most likely for working reasons) must be justified with proper documentation; such longer absences (and documentation) will be reviewed by the Scientific Committee. The said 20% absence bonus + longer absences for working reasons is also granted to **those who attend one or more modules** of the Master Program. All absences must be recorded in the personal diary provided to the attendant, and they will also be recorded by the Faculty members of the Master Program.

The degree of learning will be periodically tested (and recorded) upon administering written tests with multiple-choice answers. Similar tests will be administered at the end of seminars by invited speakers.

In the event of unavoidable changes of the calendar, participants will be notified by email or phone.

FINAL EXAMINATIONS AND THESIS .

This section concerns those **who have attended the whole Master Program** (including stages). Upon reviewing of the good standing conditions of the participant with respect to payments, attendance and performance on the periodic written tests of learning, he/she will be admitted first to the final oral examinations on topics dealt with in the Master and then defence of the thesis in front of the Scientific Committee. Typically, **final examinations and discussion of thesis occur in the same morning**, the Saturday of the concluding week of the Master (see above, Calendar). **For non-Italian speaking physicians, examinations and discussion of the thesis will be in English.** Those who have passed the examinations and defended their thesis satisfactorily will be awarded the degree of Master in **"Children, Adolescent and Women's Endocrine Health"**. **In due time, they will receive the Diploma, which is signed by the Rector Magnificus of the University of Messina, the Administrative Secretary of the same University and the Director of this Master.**

Either physicians or non-physicians who have attended any module(s) – Upon reviewing of the good standing conditions of the participant with respect to payments, attendance and performance on the written tests of learning, they will receive a **Certificate of Attendance** signed by the Director of the Master. **This certificate states that the attendee has acquired specific competences in the module/modules attended and that he/she has earned the corresponding credits.**

ADDITIONAL INFORMATION.

This Master Program has special arrangements with local down-town hotels so that Master Program's attendees take advantage of very good discounts (single rooms starting from as low as euro 60/00, tax and breakfast included). Two large eating facilities are available, one of which includes a formal restaurant with waiters. At the restaurant, a two-course lunch with dessert, water/non-alcoholic drink and coffee is approximately euro 12/00 (twelve); a one-course lunch is approximately euro 6/00 (six).

Please contact the Director at +39.090.221.7107 (fax +39.090.221.3517), s.benvenga@me.nettuno.it or sbenvenga@unime.it .

Attachment A). Application [Please print or, if writing, use uppercase letters.]

To the kind attention of prof. Salvatore Benvenga
Director, Master Universitario di 2° livello
“ENDOCRINOLOGIA DELL’INFANZIA, DELL’ADOLESCENZA E DELLA DONNA”
Endocrinologia
Dipartimento di Medicina Clinica e Sperimentale
Azienda Ospedaliera Universitaria Policlinico Gaetano Martino
Padiglione H, 4 piano
Via Consolare Valeria - 98125 Messina - ITALY

I [name, middle name, surname] , born at [city,
nation] on [day, month, year]

Social security number [if any]

living in [street, city with ZIP code, nation]

phone [home ; work ; mobile, all with country code and city codes]

....., fax [home; work] Email [primary,
secondary] mail address where
correspondence should be sent (if different from the above one)
.....

RESPECTFULLY ASKS

to be admitted to attend the Master “Endocrinologia dell’Infanzia, dell’Adolescenza e della Donna” in the
academic year 2014-2015.

To this end, **under my own responsibility and being aware of the penalties I would incur under the
Italian and other applicable laws if my declarations are false,**

I MYLSELF STATE THAT (*)

a. the data I report here are true ;

b. I hold the degree of **Medical Doctor**, which I earned at the University of
..... on [day, month, year]
with [votes, if applicable] defending a thesis entitled
.....

c. I hold the degree of [**graduation other than Medicine**]
which I earned at the University of.....
on [day, month, year] with [votes, if applicable]

d. I have read the information on this Master provided above;

e. it is my intention to attend this Master and pay its fees either directly or through my sponsor ;

f. I will inform the Master’s authorities of any change in my address(es)

continued

(*) Unless the applicant holds two degrees (medical and nonmedical), item “b” and item “c” are mutually exclusive.

continued, **Attachment A- Application**

I specify below my interest in the Master [**check the appropriate box**]

- **I graduated in Medicine and I am interest to attend the whole Master :**
- **I graduated in Medicine and I am interest to attend one or more of the following modules**
 - Module 1 (Endocrinology of Childhood and Adolescence) ;
 - Module 2 (Endocrinology of the woman in the fertile age);
 - Module 3 (Endocrinology of the woman in the post-fertile age);
 - Module 4 (Endocrine Emergency)
- **I am a nurse who is interested to attend one a more of the following modules.**
 - Module 1 ; Module 2 ; Module 3 ; Module 4
- **I did not graduate in Medicine, and am interested to attend one ore more of the following modules. Because I am not a physician, I understand that I cannot be admitted to the stages.**
 - Module 1 ; Module 2 ; Module 3 ; Module 4

IN THE PACKAGE MAILED I HAVE ENCLOSED:

1. Application form (this form, **attachment A**)
2. Photocopy of the wire transfer to Unicredit SpA - Tesoreria Enti-, Corso G. Garibaldi, 54 -98122 Messina, Italy, using the international coordinates **IBAN: IT93P0200816511000300071810 BIC SWIFT: UNCRITM1K66** . [] or, as I leave in Italy and have access to an Italian bank, using the national coordinates of Banco di Sicilia, that is: conto corrente n. **"000300071810"** []. **[Please check the box for either the international or national bank coordinates]**. The amount transferred is euro **100/00** (onehundred/00) because I want to attend all four modules [] or euro **100/00** (onehundred/00) because those (physicians or non-physicians) who wants to attend up to three modules Master [] **[Please check either the € 100/00 box] . The accompanying information for the wire transfer is "Master di Endocrinologia- Tassa di partecipazione"**.
3. Certificate of graduation in Medicine (or graduation in other branches) in English or translated in English [] or in Italian [] **(Please check the appropriate box for translation)**.
4. *Curriculum vitae*, with reference, if any, to title of thesis, possible doctorates, specializations, stages in other universities, knowledge of foreign languages, scientific publications, etc...
5. Two color photographs similar to those appearing in passports.
6. Full mailing address, including telephone (with country code and city code), cell phone (if owned), fax (if available), email.
7. Photocopy of passport (cover and page containing photo and identification details).
8. Letter of intent by the sponsor(s) who are willing to pay for the attendance fee (The sponsor/s is/are).
9. Letter stating the preferred date(s) for the admission interview (see above Access). **[Reminder for the applicant:** This date has to be prior to the scheduled beginning of the teaching activities, that is prior to January 19, 2015 (see Calendar)].

Date (day, month, year)

.....

Signature

.....

Attachment B) – Registration to the whole Master [only for graduates in Medicine], to be filled-in once admitted after having passed the interview (aptitude test). This registration form can be given directly to the Administrative Secretary of the Master at the end of the interview] [Please print or, if writing, use uppercase letters.].

To the kind attention of prof. Salvatore Benvenga
Director, Master Universitario di 2° livello
“ENDOCRINOLOGIA DELL’INFANZIA, DELL’ADOLESCENZA E DELLA DONNA”
Sezione di Endocrinologia
Dipartimento Clinico Sperimentale di Medicina e Farmacologia
Azienda Ospedaliera Universitaria Policlinico Gaetano Martino
Padiglione H, 4 piano
Via Consolare Valeria - 98125 Messina - ITALY

I [name, middle name, surname] , born at [city,
nation] on [day, month, year]

Social security number [if any]

living in [street, city with ZIP code, nation]

.....
phone [home ; work ; mobile, all with country code and city codes]

....., fax [home; work] Email [primary,
secondary] mail address where
correspondence should be sent (if different from the above one)
.....

.....
because I passed the admission test, I respectfully ask to be permitted to attend this Master in the academic year 2014-2015

To this end, **under my own responsibility and being aware of the penalties I would incur under the Italian and other applicable laws if my declarations are false,**

I MYLSELF CONFIRM WHAT I WROTE IN MY APPLICATION FORM, NAMELY THAT

- a. the data I written in my application and the documents I have presented are real ;
- b. I hold the degree of **Medical Doctor**, which I earned at the University of
..... on [day, month, year]
with [votes, if applicable] defending a thesis entitled
.....
- c. I have read the information on this Master Program provided above;
- d. it is my intention to attend this Master Program and pay its fees either directly or through my sponsor, and that failure to comply with payment will prevent me from getting the Diploma ;
- e. I will inform the Master Program’s authorities of any change in my address(es)

continued

continued, Attachment B-Registration to the whole Master

I chose the form of payment specified in this Table [please **check only one of the two boxes**]. Failure to pay will prevent me from being admitted to final examination, discussion of thesis and obtaining the Diploma.

Check one box	Preferred modality of payment of the attendance fee to the whole Master	Specifications *
<input type="checkbox"/>	Euro 1400/00 (onethousandfourhundred/00) within 15 days from to-day, that is within 15-days from the date I have passed the interview.	Transfer to checking account number 000102371583 belonging to Dipartimento di Medicina Clinica e Sperimentale dell'Università degli Studi di Messina. Reason for payment is : <i>"Tassa di iscrizione al Master Universitario di 2° livello in Endocrinologia dell'Infanzia, dell'Adolescenza e della Donna (direttore: prof. Salvatore Bemvenga)"</i> The receiving bank is Unicredit SpA - Tesoreria Enti , Corso G. Garibaldi, 54 - 98122 Messina, Italy. Its international coordinates (for payments from outside Italy) are : IBAN: IT9800200816511000102371583 BIC SWIFT: UNCRITM1K66
<input type="checkbox"/>	Euro 1.400/00 (onethousandfourhundred/00) in two instalments , of 700/00 (sevenhundred/00) each. Deadline for these instalments: within 15 days from to-day (1 st), within the third month of the Master (2 nd and last).	See above. As reasons for payment, specify if the first or second instalment.

*** Please note:** Because bank names and accounts may change, before instruct your bank to make the money transfer, please double-check with the Administrative Secretary of this Master Program (dott.ssa Elena Cammareri, tel. +39.090.221.3560, fax +39.090.221.3518, ecammareri@unime.it) that the specifications given in the Table remain valid or, instead, have changed. Because banks use to apply fees for transactions, please **make sure that the net amount credited to our bank is a total of euro 1400/00**; otherwise, you or your sponsor will be asked to add the extra-amount withdrawn from either bank as a transaction fee.

City and Country Date (day, month, year)

Name and Surname Signature

Attachment C) – Registration form [only for those, either physicians or non-physicians, interested in modules. This Registration form has to be filled-in within the first day of the first module they have chosen] [Please print or, if writing, use uppercase letters.].

To the kind attention of prof. Salvatore Benvenga
 Director, Master Universitario di 2° livello
 “ENDOCRINOLOGIA DELL’INFANZIA, DELL’ADOLESCENZA E DELLA DONNA”
 Endocrinologia
 Dipartimento di Medicina Clinica e Sperimentale
 Azienda Ospedaliera Universitaria Policlinico Gaetano Martino
 Padiglione H, 4 piano
 Via Consolare Valeria - 98125 Messina - ITALY

I [name, middle name, surname] , born at [city, nation] on [day, month, year]

Social security number [if any]

living in [street, city with ZIP code, nation]

.....
 phone [home ; work ; mobile, all with country code and city codes]

....., fax [home; work] Email [primary, secondary] mail address where correspondence should be sent (if different from the above one)

I respectfully ask to be permitted to attend the following modules of this Master in the academic year 2014-2015: Module 1 ; Module 2 ; Module 3 ; Module 4 (please check box/boxes)

To this end, **under my own responsibility and being aware of the penalties I would incur under the Italian and other applicable laws if my declarations are false,**

- I MYLSELF CONFIRM WHAT I WROTE IN MY APPLICATION FORM, NAMELY THAT (*)
- a. the data I written in my application and the documents I have presented are real ;
 - b. I hold the degree of **Medical Doctor**, which I earned at the University of
 on [day, month, year]
 with [votes, if applicable] defending a thesis entitled

 - c. I hold the degree of [graduation other than Medicine]
 which I earned at the University of.....
 on [day, month, year] with [votes, if applicable]

continued

(*) Unless the applicant holds two degrees (medical and nonmedical), item “b” and item “c” are mutually exclusive.

Continued, Attachment C – Registration for Modules

- d. I have read the information on this Master Program provided above;
- e. it is my intention to attend this Master Program and pay its fees either directly or through my sponsor, and that failure to comply with payment will prevent me from getting the Diploma ;
- f. I will inform the Master Program’s authorities of any change in my address(es)

I chose the form of payment specified in this Table [please check only one of the two boxes]. Failure to pay will prevent me from being admitted to the periodic examinations, final examinations and, obtaining the Certificate of attendance and related credits. The module(s) I have chosen is/are: module 1, module 2, module 3, module 4 [please check one ore more boxes].

Preferred modality of payment of the attendance fee. (*)	
<input type="checkbox"/>	Euro 1400/00 (onethousandfourhundred/00) prior to the beginning of the first of all four modules .
<input type="checkbox"/>	Euro 1200/00 (onethousandtwohundred/00) prior to the beginning of the first of the three modules I have chosen.
<input type="checkbox"/>	Euro 800/00 (eighthundred/00) prior to the beginning of the first of the two modules I have chosen.
<input type="checkbox"/>	Euro 400/00 (fourhundred/00) prior to the beginning of the single module I have chosen.
<input type="checkbox"/>	Euro 1400/00 (onethousandfourhundred/00) in two instalments of euro 700/00 each (sevenhundred/00): the 1 st prior to the beginning of the first of all four modules ; the 2 nd within the third month of the Master; the 3 rd month prior to final examinations.
<input type="checkbox"/>	Euro 1200/00 (onethousandtwohundred/00), in three instalments of euro 400/00 (fourhundred/00) each; each instalment prior to the beginning of each of the three modules .
<input type="checkbox"/>	Euro 800/00 (eighthundred/00), in two instalments of euro 400/00 (fourhundred/00) each; each instalment prior to the beginning of each of the two modules .
<input type="checkbox"/>	Euro 400/00 (fourhundred/00) prior to the beginning of the single module I have chosen.

(*) For the day each module begins see above, Calendar.

Payment is via by bank transfer. – Payment is in favor of the Dipartimento Clinico Sperimentale di Medicina e Farmacologia dell'Università degli Studi di Messina. Reason for payment is : "*Tassa di iscrizione al Master Universitario di secondo livello Endocrinologia dell'Infanzia, dell'Adolescenza e della Donna (direttore: prof. Salvatore Benvenga)*". The receiving bank is Unicredit SpA - Tesoreria Enti -, Corso G. Garibaldi, 54 - 98122 Messina, Italy. Its international coordinates (for payments from outside Italy) are :

IBAN: IT9800200816511000102371583 BIC SWIFT: UNCRITM1K66

Because bank names and accounts may change, before instructing your bank to make the money transfer, please double-check with the Administrative Secretary of this Master Program (dott.ssa Elena Cammareri, tel. +39.090.221.3560, fax +39.090.221.3518, ecammareri@unime.it) that these payment specifications remain valid or, instead, have changed.

Because banks use to apply fees for transactions, please **make sure that the net amount credited to our bank is a total of euro 1400/00**; otherwise, you or your sponsor will be asked to add the extra-amount withdrawn from either bank as a transaction fee.

City and Country Date (day, month, year)

Name and Surname Signature