

**Application for MIBB membership in case of an accredited center**  
(Expert/ advanced diagnostician)

**Applying Person** .....

E-Mail .....

**Accredited Institution/ Center** .....

Street .....

Town .....

Phone .....

Fax .....

E-Mail .....

**Leader of Institution/ Center** .....

E-Mail .....

**Yes**      **No**

**Vacuumbiopsies already carried out at a different institution**  
(please attach the confirmation of the institution)

    

Number of vacuumbiopsies .....

Time period .....

Institution .....

**A membership of the Swiss Society of Senology (SSS) exists**  
(please attach the confirmation)

    

**The MIBB- Certification Course has been performed**  
(please attach the confirmation)

    

**The MIBB- Certification Course has not yet been performed, but a registration for this course exists** (please attach the registration confirmation)

The application for MIBB membership does not involve any further costs.

**By applying for MIBB membership you agree to make the following commitments:**

- According to the consensus paper (5th April 2018) following number of cases are required to maintain the accreditation after an initial training phase:
  - o 12 VAB interventions / diagnostician
  - o 20 VAB interventions / institution
- You agree to adhere to the quality assurance measures by entering all VAB interventions in the MIBB-data collection system ([www.adjumed.net/mibb/](http://www.adjumed.net/mibb/))

.....  
**Date**

.....  
**Signature Applicant**

.....  
**Date**

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**Signature Leader of Institution/ Center**

.....  
**Date**

.....  
**Dr. Claudia Kurtz/ Signature MIBB President**