# **EXTENSION REQUEST FORM**

This form is for requesting an extension to the case collection deadline for all accreditation types and/or for re-accreditation. Applications that do not fulfil the categories listed on Page 2 are unlikely to be granted.

## Application fee and process

1. The £100 extension fee covers administration costs and will not be refunded if the request for an extension is denied.
2. The fee is waived for parental leave.
3. Extensions are not guaranteed.
4. A second extension will be granted only in exceptional circumstances; this must be discussed in person with the Chair of Accreditation.
5. All supporting letters should be on letterhead (or from a company email). Forms with insufficient information and no payment will not be accepted.
6. Completed applications must be emailed to [accreditation@bsecho.org](mailto:accreditation@bsecho.org)

**The extension fee is to be paid by BACS:**

**Payment reference:** Quote **EXT**- followed by your five-digit BSE ID as the payment reference

**Bank:** Natwest **Account name**: British Society of Echocardiography (BSE)

**Account number:** 73699519

**Sort code**: 53-70-15

**(For international payments- BIC**: NWBK GB 2L **IBAN:** GB52 NWBK 5370 1573 6995 19)

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| **NAME OF APPLICANT** Click or tap here to enter text. | **BSE ID** Click or tap here to enter text. |
| **EXTENSION REQUEST FOR** Logbook/practical submission | **SUBMISSION DATE** Click or tap to enter a date. |
| **NUMBER OF MONTHS REQUESTED** Click or tap here to enter text. | **ACCREDITATION TYPE** Choose an item. |
| **DATE OF WRITTEN EXAM OR DATE OF ACCREDITATION** | Click or tap to enter a date. |
| **NAME OF MENTOR AND PLACE OF WORK** Click or tap here to enter text. | |
| **EMAIL ADDRESS** Click or tap here to enter text. | |

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| **Extenuating circumstance** | **Supporting document (on letterhead or company email)** | **Extension time** | **Deadline** | **Tick** |
| Parental leave  **No fee applies** | A letter from your line manager or HR to confirm leave dates | Up to one year. Extensions over one year need to be discussed with the Chair | Not less than three months before leave is to be taken |  |
| Personal ill Health (includes physical or psychological) | Letter from a healthcare provider, e.g. GP, Specialist, Occupational Health | Usually, six months may be extended up to one year on a case-by-case basis | Not after returning to full duties |  |
| Ill health in a dependent | Letter from a healthcare provider, e.g. GP, Specialist, Occupational Health | Usually, six months may be extended up to one year on a case-by-case basis | Not after returning to full duties |  |
| Secondment to other duties due to internal workflow | Letter from line manager | Up to one year | No less than three months before commencement |  |
| Secondment for research or industry opportunity | Letter from research supervisor or line manager | Up to one year | No less than three months before commencement |  |
| Secondment to other specialty training e.g on rotation | Letter from your educational supervisor/training programme director or college tutor as appropriate | Up to one year | No less than three months before commencement |  |
| Other | Supporting letter from mentor or line manager | Subject to Chair approval | No less than three months before the deadline |  |

I confirm that I understand the requirements for the extension request, have submitted the necessary documents, and have paid the fee (subject to category).

**SIGNED BY APPLICANT: DATE:** Click or tap to enter a date.