

**EUROPEAN
CURRICULUM VITAE
FORMAT**



PERSONAL INFORMATION

Name **BIANCHI ANDREA**
Address **VIA DEL FOSSO 9
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ITALY**
Mobile number **+390755008625**
Fax number **00390755005906**
E-mail address andreabianchi@me.com
Personal website www.dottandreabianchi.com
Nationality **Italian**
Date of birth **17/12/1964**

Registration in the Professional Board of Medical and Dental Surgeons **MEDICAL REGISTRATION N. 04906 – PROFESSIONAL BOARD OF MEDICAL SURGEONS OF THE PROVINCE OF PERUGIA**

Profession **Medical surgeon specialized in ORTHOPAEDICS and TRAUMATOLOGY**

WORK EXPERIENCE

- 1994 → **Experience acquired in more than 40.000 surgical operations** (hip, knee and forefoot surgery)
- January 2011 → **FOUNDER and DIRECTOR of the Professional Association “Dr. Andrea Bianchi e Associati”**
- Sector of activity **Percutaneous Hallux Valgus Surgery, Metatarsalgia and Forefoot Pathology**
- Main activities and responsibilities
He supervises a group of 5 orthopaedic surgeons who are members of the Association and operates on patients (**3800 surgical operations/year**) in private healthcare facilities accredited by the Italian Health Service such as:
 - Casa di Cura Liotti, Perugia as 1st surgeon and supervisor from 1995 to present.
 - Casa di cura Villa Aurora, Foligno as 1st surgeon from 2000 to present.
 - Casa di cura Villa Erbosa, Bologna as 1st surgeon from 2007 to present.
 - Casa di cura Villa dei Pini, Civitanova Marche as 1st surgeon from 2008 to present.
 - Casa di cura San Giovanni, Milano as 1st surgeon from 2009 to present
 - Casa di Cura Villa Salaria, Roma as 1st surgeon from 2010 to present

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| Casa di cura Ulivella e Glicine, Firenze | as 1st surgeon from 2011 to present. |
| Casa di Cura Villa Salus Reggio Emilia | as 1st surgeon from 2013 to present. |
| Casa di Cura Villa Bianca, Lecce | as 1st surgeon from 2014 to present. |
| Casa Di Cura Villa Stuart Roma | as 1st surgeon from 2016 to present |
| Casa di Cura Nuova Villa Claudia Roma | as 1st surgeon from 2016 to present |
| Casa di Cura Villa Rizzo Siracusa | as 1st surgeon from 2016 to present |
| Istitute Mater Domini Humanitas (Va) | as 1st surgeon from 2015 to present |
| GEMC Moscow | as 1st surgeon from 2015 to present |

• 2010 →

DIRECTOR FOR ITALY OF THE ACADEMY OF AMBULATORY FOOT AND ANKLE SURGERY (USA)

EDUCATION AND TRAINING

- 1989 -1994
- Qualification

Specialization in Orthopaedics and Traumatology, University of Perugia – grade 110/110
Cum Laude

- Name and type of organization providing education and training

University Hospital of Perugia (Italy) and Les Hôpitaux Universitaires de Strasbourg (France)

- Qualification

Registration in the Professional Board of Medical and Dental Surgeons of the Province of Perugia

- 31/10/1989

Professional qualification

- Name and type of organization providing education and training

University of Perugia

- Principal subjects covered or skills acquired

National professional qualifying examination

- Qualification

Qualified medical surgeon

- 1983-1989

- Qualification

Degree in Medicine and Surgery

- Name and type of organization providing education and training

University of Perugia

TRAINING AND REFRESHER COURSES

He attended several accredited training courses achieving the number of credits required for his professional qualification

PROFESSIONAL SKILLS

He has developed in Italy the innovative surgical technique of percutaneous correction known also as minimally invasive technique

OTHER PROFESSIONAL SKILLS

He founded the professional association “Dr Andrea Bianchi e Associati” in Perugia (Italy) aiming at developing person-centered training, research and care activities.

MOTHER TONGUE **ITALIAN**

OTHER LANGUAGES

| | |
|-------------|---------------|
| | FRENCH |
| • Listening | Good |
| • Reading | Good |
| • Writing | Good |
| • Speaking | Good |

| | |
|-------------|----------------|
| | ENGLISH |
| • Listening | Good |
| • Reading | Good |
| • Writing | Good |
| • Speaking | Good |

DRIVING LICENCE Driving licence category B

DECLARATION

I hereby declare that the information provided herein is true and correct. I authorize the use of my personal data, including sensitive data, according to the Italian law 31.12.96, n. 675 for the purposes set out in this application form.

Date: 30 /06/2016

Signature: