Government and healthcare in Belgium

Belgium has been independent, as a parliamentary monarchy, since 1830. The land area is just over 30,000 sq km. There is a well-established system of regional as well as national government. It is also a country with three languages (the main ones being Flemish, just under 60% and French just under 40%). This affects dentistry because there are Flemish and French Dental Schools and Dental Associations (see later).

The capital is Brussels. The bicameral Parliament consists of a Senate or Senaat in Dutch, Senat in French. As a result of the 1993 constitutional revision that furthered devolution into a federal state, there are now three levels of government (federal, regional, and linguistic community) with a complex division of responsibilities; this reality leaves six governments each with its own legislative assembly.

The Institut National d'Assurance de Maladie et d'Invalideité (INAMI)/Rijksinstituut voor Ziekte en Invaliditeits Verzekering (RIZIV) is the body responsible for managing the health system. The Institut acts as the adviser to the Minister of Social Affairs, who makes decisions on behalf of the King. The King is required to sign every application for new laws.

Healthcare is mainly funded by deductions from salaries which also cover retirement pensions, and a supplementary child tax. The amount contributed depends on income.

There are two different schemes: one for employed which provides full cover, and another for the self-employed. Self-employed people only have to pay for high cost risks such as hospital care, but can elect to insure against lower cost treatments such as dentistry and general medicine.

Individuals can choose to belong to one of over a thousand sick funds, which operate in five major groups. For all sick funds central co-ordination ensures that the rules, fees and reimbursements are the same. Although the total budget for healthcare is decided by the government, it is divided between the five groups using a formula which takes into account social and economic factors, the number of people in each scheme, and occupational differences in health risk (eg the mine workers' fund receives more resources). Every three months the budget of all of the sectors are examined to determine what measures must be taken to control any expected overspend.

The health budget in 2007 was €19.6 billion. There is a legally approved increase of 3.5% per year in health care expenditure, with amounts above this having to be justified separately, for example by lobbying from the dental profession.

The following ministers are responsible for different aspects of health care:

- Minister of Social Affairs decides treatment tariffs and oversees relations with sick funds
- Minister of Health decides registration, and how many dentists are required
- Ministers of Education (2) control the basic education of dental students in each region
Oral healthcare

Oral health care is organised in the same way as general health care. All sectors of the population are able to access dental services, including the self-employed and unemployed people.

Almost all dental care is provided in private practice together with a very small amount in hospitals and universities - so small that it becomes irrelevant. Some free dental care is also available for homeless people in Brussels.

<table>
<thead>
<tr>
<th>% GDP spent on oral health</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.30%</td>
<td>2004</td>
<td>CECDO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of OH expenditure private</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>2004</td>
<td>CECDO</td>
</tr>
</tbody>
</table>

About 3.1% of all government spending on healthcare is spent on dentistry.

Public compulsory health insurance

There is an agreed scale of fees for dental treatments, called the convention. This is jointly agreed by the 3 dental associations and the sick funds working as a commission within the Institut. Dentists generally charge patients for each item of treatment, and then patients reclaim a proportion of the fees from their sick fund. However, a “third party payment system” also exists, where some dentists choose to receive reimbursement directly from the sick fund.

Almost the whole population is within a 15 minute bus access of a dentist. However, only approximately a third of the population attend a dentist regularly, one third when necessary and the remainder almost never or only in an emergency. The result is that many dentists work part-time, some for only a few hours a week. There is concern that this may lead to inadequate experience for some practitioners.

Patients normally attend for re-examinations every 6 months to the age of 18 years, then annually after then.

Private Insurance

There are a few private insurance schemes mainly in the form of group contracts for employees. The cover they offer is varied, as are the premiums charged.

Quality of Care

There are several ways in which standards of dental care are monitored.

The Institut has an administrative body which regulates the non-clinical administrative forms used in dentistry. It also has an independent control department staffed by medical doctors (not dentists) which checks that the treatment codes recorded agree with the actual treatment undertaken. The Institut may not comment on the quality of the dental treatments, but has the right to examine any patient. This usually happens only after a complaint (see Ethics).

Within the convention there are some quality standards. For example, a denture must include six stages of construction at a minimum of five visits. There is a possibility in the future that fees will be increased if more standards are included. As part of the convention a voluntary quality assurance accreditation system has been organised since 1998.

Health data

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMFT at age 12</td>
<td>0.92</td>
<td>2006</td>
</tr>
<tr>
<td>DMFT zero at age 12</td>
<td>25%</td>
<td>2006</td>
</tr>
<tr>
<td>Edentulous at age 65</td>
<td>41%</td>
<td>2002</td>
</tr>
</tbody>
</table>

“DMFT zero at age 12” refers to the number of 12 years old children with a zero DMFT. “Edentulous at age 65” refers to the numbers of over 64s with no natural teeth.

Fluoridation

There are no fluoridation schemes in Belgium. There is some naturally fluoridated water at an acceptable level (to the authorities).
## Education, Training and Registration

### Undergraduate Training

There are five dental schools, three French-speaking and two Flemish-speaking. Dental schools are part of the Faculties of Medicine in universities. There is a mix of Catholic (private) and State universities.

In Flanders there is an entry examination before entering the first year of training. In the French speaking universities there is a selection procedure after the first year of training.

<table>
<thead>
<tr>
<th>Year of data:</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of schools</td>
<td>5</td>
</tr>
<tr>
<td>Student intake</td>
<td>230</td>
</tr>
<tr>
<td>Number of graduates</td>
<td>175</td>
</tr>
<tr>
<td>Percentage female</td>
<td>80%</td>
</tr>
</tbody>
</table>

Quality assurance for the dental schools is provided by the Ministry of Education.

### Qualification and Vocational Training

**Primary dental qualification**

There are two titles awarded for clinical dentists graduating from Belgian dental schools, after a 5-year course:

- **Flemish**: Tandarts
- **French**: Licencie en sciences dentaires

**Vocational Training (VT)**

Students entering dental faculties since 2002 cannot practice as a generalist after their basic 5 years of education but have to follow vocational training after graduation - 1 year for general dentistry, 3 years for periodontology and 4 years for orthodontics.

Despite the absence of a *numerus clausus* (by the Department of Education) for the intake of students into the universities, a federal law has limited the number of places for vocational training to 155.

By 2008 the situation relating to the need for VT by overseas graduates was confused and awaiting a verdict of the Supreme Court. There are differences depending upon the country of graduation and the nature of the proposed work (whether within or outside the social security reimbursement scheme).

### Registration

Before being able to practise a dentist must register with the Federal Ministry of Health.

| Cost of registration 2008 | € 550 |

**Language requirements**

In 2008 new legislation meant that to register with the Ministry of Health a dentist should be able to communicate in at least one of the three national languages – Dutch, French or German. However, in view of the Professional Qualifications Directive (2005), whether the legislation contravened the PQD remained to be determined by the courts.

### Further Postgraduate and Specialist Training

**Continuing education**

Since June 2002, continuing education spread over all aspects of the profession (general medicine, radiology, prevention, practice management, conservative dentistry, orthodontics, prosthodontics, …) is mandatory in order to keep a title. The requirement is 60 hours over 6 years.

**Specialist Training**

The main degrees which may be included in the register are:

- Algemeen Tandarts, Dentiste Généraliste
- tandarts specialist in de Orthodontie, Dentiste Spécialiste en orthodontie
- tandarts Specialist in de Parodontologie / dentiste Spécialiste en Parodontologie

Specialist training is undertaken at the universities - for general dentists 1 year, orthodontics 4 years, for periodontics 3 years (including the vocational training). Trainees are paid by the Ministry of Health.

Oral maxillo-facial surgery is a medical specialty, which requires 6 years basic training and qualification in medicine, a 2-year Master's degree in dentistry and then specialised training in oral maxillo-facial surgery for a further 4 years. This then is followed up by a one-year training in facial oncology.
Workforce

Dentists

Most dentists practice in general practice – although some also work in hospitals and dental faculties.

Year of data: 2007

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Registered</td>
<td>8,423</td>
</tr>
<tr>
<td>In active practice</td>
<td>7,576</td>
</tr>
<tr>
<td>Dentist to population ratio*</td>
<td>1,408</td>
</tr>
<tr>
<td>Percentage female</td>
<td>48%</td>
</tr>
<tr>
<td>Qualified overseas**</td>
<td>118</td>
</tr>
</tbody>
</table>

* this refers to the population per active dentist  
** CECDO estimate – there is no absolute way of determining this.

Movement of dentists across borders

There is a small, but insignificant movement of dentists from Belgium to its neighbouring countries (especially the Netherlands), and a small number from the Netherlands into Belgium.

Specialists

Three specialist titles are recognised in Belgium, orthodontics, periodontics and general practice. Maxillofacial surgery is also recognised as a medical specialty.

Patients may go directly to a specialist, without referral.

Year of data: 2007

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthodontics</td>
<td>380</td>
</tr>
<tr>
<td>Endodontics</td>
<td></td>
</tr>
<tr>
<td>Paedodontics</td>
<td>95</td>
</tr>
<tr>
<td>Periodontics</td>
<td></td>
</tr>
<tr>
<td>Prosthodontics</td>
<td></td>
</tr>
<tr>
<td>OMFS</td>
<td>290</td>
</tr>
<tr>
<td>Dental Public Health</td>
<td></td>
</tr>
<tr>
<td>Stomatology</td>
<td>320</td>
</tr>
</tbody>
</table>

All OMF surgeons are stomatologists. The 30 stomatologists, who are reducing in number may be undertaking general dentistry and are not specialists in the general way described in the EU.

Auxiliaries

There are two types of auxiliaries in Belgium, dental technicians and dental chairside assistants. There are no clinical dental auxiliaries.

Year of data: 2007

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hygienists</td>
<td>0</td>
</tr>
<tr>
<td>Technicians</td>
<td>2,250</td>
</tr>
<tr>
<td>Denturists</td>
<td>0</td>
</tr>
<tr>
<td>Assistants</td>
<td>1,500</td>
</tr>
<tr>
<td>Therapists</td>
<td>0</td>
</tr>
</tbody>
</table>

Dental technicians

Dental technicians have a protected title, under the governance of the Ministry of Economic Affairs, and receive undergraduate training in special schools (3 years) or in the dental laboratories (“patronal training”).

They are registered by the Ministry of Health.

There are illegal denturists who are pressing the government for legal status.

Chairside assistants

Dental chairside assistants are trained by and work to the direct instructions of dentists. There is no formal training, nor registration, for dental assistants. In 2000, FDI reported that there were 800 chairside assistants. There is no known later figure, but anecdotally it has been suggested that one in five dentists use a chairside assistant.
**Practice in Belgium**

Almost all patient care is undertaken in General Practice.

<table>
<thead>
<tr>
<th>Year of data:</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>General (private) practice</td>
<td>6,800</td>
</tr>
<tr>
<td>Public dental service</td>
<td>200</td>
</tr>
<tr>
<td>University</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>Armed Forces</td>
<td>10</td>
</tr>
<tr>
<td>General Practice as a proportion is</td>
<td>90%</td>
</tr>
</tbody>
</table>

**Working in General Practice**

In Belgium, dentists who practice on their own or as small groups, outside hospitals or schools, and who provide a broad range of general treatments are said to be in General Practice. They represent almost all dentists actively practising in the country. Most dentists in general practice are self-employed and earn their living through charging patients fees.

**Fee scales**

All payments to dentists are by way of fees for treatments (item of service). Dentists have a fee scale agreement known as the convention with the social security. The convention sets the level of reimbursement for patients for many types of dental care but crowns, bridges, inlays, implantology and periodontology are excluded. Equally Orthodontics is only included if treatment starts before the age of 14 years. Private fees can be set for all of these items in which case there is no reimbursement to the patient. These fees are only restricted by a professional ethic not to charge unreasonably high amounts.

As mentioned under Oral Healthcare in Belgium the convention is negotiated between the national dental associations and the sick funds working as a committee. It is re-negotiated every two years. Dentists then have to decide whether or not to participate in the convention, through elections which are held in each canton in the country. If an area votes ‘no’, then the Minister of Social Affairs can impose a fee scale on all dentists. However in some cantons where there has been a ‘no’ vote the Minister has not taken action.

If dentists are “in the convention” they are obliged to charge the appropriate fee and the patient claims a reimbursement. Outside the convention they can, in principle, charge any fee but the patient can still claim a reimbursement to the level allowed by the agreement. A dentist does not have to tell a patient whether or not he/she is in the convention, but sick funds hold a list of all dentists who are. The benefit to the dentist of being in the convention is related to pension rights on retirement.

Dentists use a five-point system for prioritising different types of treatment within the system. Generally preventive work is given a high priority, and extractions are a low priority. As there is insufficient funding to pay for all types of treatment, those with a lower ranking may not be reimbursed. Each year changes can be made either to the priority list, the size of the fee, or the level of reimbursement.

Prior approval for treatment is only required for orthodontics. There are also limits to the number of times patients can receive a subsidy for certain treatments eg one panoramic radiograph per year, removable dentures every seven years, and once again for orthodontics there is a maximum of 36 monthly forfaits. A forfait is a fixed payment for a month in which treatment has been carried out, no matter how many visits are involved. Where active orthodontic treatment is suspended the dentist may receive a contention fee for monitoring the patient.

To overcome the above restrictions, the sick funds offer a supplementary insurance to meet the additional costs incurred.

**Joining or establishing a practice**

There are no rules which limit the number of associate dentists or other staff in a dental practice. Premises may be rented or owned, and there are no limitations as to where they may be opened. There is no state assistance for establishing a new practice, so dentists must negotiate commercial loans.

A practice must be registered at a specific address. Some health funds own polyclinics. A dentist may sell equipment and the practice buildings but cannot charge a premium for acquiring contact with existing patients. However there is a system where a vendor may charge 'for the doorstep' which is usually based on the practice income of the previous three years. No strict rules apply and a free market operates.

There are no specific contractual requirements between practitioners working in the same practice. However a dentist's employees are protected by the National and European laws on equal employment opportunities, maternity benefits, occupational health, minimum holiday entitlement and health and safety.

No domiciliary care is offered in Belgium.

**Working in the Public Dental Service**

There is no public dental service in Belgium. Some schools initiate a service directly with dentists for dental health surveillance. Health education is also part of the school curriculum, but in reality individual teachers decide how much dental health education is included.

**Working in Hospitals**

There are two types of hospitals in Belgium - private and university. A few dentists are employed full-time in university hospitals but most hospital dentists work part-time in private hospitals and part-time in private general practice.

Dentists can either be paid a salary or, more usually, charge fees under the convention arrangements for their patients attending.

**Working in Universities and Dental Faculties**

Compared to other dentists, faculty members are not well paid. Very few dentists work full-time in universities and dental faculties, as employees of the university. They are free to combine their work in the dental faculty with part-time work elsewhere.

The main academic title within a Belgian university is gewoon hoogleraar/professeur ordinaire. Other titles include buitengewoon hoogleraar/professeur extraordinaire, hoogleraar/chargé de cours, docent/chargé d'enseignement and assistent/assistant. Professors generally qualify by a doctorate, aggregation and scientific experience and promotion depends upon the number of years of teaching and numbers of publications in international scientific publications.

**Working in the Armed Forces**

There are a few dentists working full time for the Armed Forces.
Professional Matters

Professional associations

There are 3 national dental associations recognised by the social security system (RIZIV-IMAMI):

- the Chambres Syndicales Dentaires (CSD) for French-speaking dentists
- the Société de Médecine Dentaire (SMD) also for French-speaking dentists and
- the Verbond der Vlaamse Tandartsen (VVT) for Dutch speaking dentists.

<table>
<thead>
<tr>
<th>Association</th>
<th>Number</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chambres Syndicales Dentaires</td>
<td>1,260</td>
<td>2008</td>
<td>FDI</td>
</tr>
<tr>
<td>Société de Médecine Dentaire</td>
<td>1,057</td>
<td>2008</td>
<td>FDI</td>
</tr>
<tr>
<td>Verbond der Vlaamse Tandartsen</td>
<td>3,400</td>
<td>2008</td>
<td>VVT</td>
</tr>
</tbody>
</table>

Membership of a dental association is not compulsory.

Ethics and Regulation

Ethical Code

Dentists in Belgium have to work within one of two different but congruent ethical codes, depending on which dental association they belong to. Codes cover relationships and behaviour between dentists, the contract with the patient, consent and confidentiality, continuing education and advertising. They are administered by the associations.

Fitness to Practise/Disciplinary Matters

Patients may complain to the Provincial Medical Council. The disciplinary body comprises doctors, pharmacists, dentists, nurses and midwives. If a complaint is upheld, the Council can suspend the dentist from practice. There is also an appeals process.

Within the Dental Associations there is an ethical commission which also considers complaints. However this mostly handles disagreements between dentists and tries to mediate in these cases.

Data Protection

Belgium has implemented the EU Directive on Data Protection.

Advertising

Commercial advertising is strictly forbidden – Belgian legislation strictly forbids publicity for dentistry. This legislation was approved by the European Court in 2008 as not in contradiction with EU Regulations

Dentists’ websites with purely information are accepted in Belgium. All VVT members can subscribe without cost to have a personal website on www.mijntandarts.be. Non members can subscribe for €25 a year. The Belgian ethical codes were also adapted in 2003 to include the CED guidelines on Electronic Commerce.

Insurance and professional indemnity

Liability insurance is compulsory for dentists. Professional liability insurance is provided by private insurance companies. Some dental associations also arrange group insurance, which provides cover to reflect the responsibilities of a dentist's individual contract. The cost of the insurance varies according to the cover, for example, providing implants approximately doubles the premium. Liability insurance covers dentists for working abroad.

Corporate Dentistry

Dentists are permitted to form companies in Belgium. These must be registered at a specific address. Non-dentists may be shareholders or fully own the company.

Tooth whitening

The CSD report that whitening products of greater than 6% peroxide must be used only in a dental office. The VVT have suggested that at this level such products must be classified as Medicinal.

Health and Safety at Work

Inoculations against Hepatitis B are compulsory for the workforce (administered by the Ministry of Health). A separate independent department of control inside the Institut monitors compliance.

Regulations for Health and Safety

<table>
<thead>
<tr>
<th>For</th>
<th>Administered by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ionising radiation</td>
<td>Central government</td>
</tr>
<tr>
<td>Electrical installations</td>
<td>Central government</td>
</tr>
<tr>
<td>Infection control</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Medical devices</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Waste disposal</td>
<td>Regional government</td>
</tr>
</tbody>
</table>

Ionising Radiation

There are specific regulations about radiation protection. Training in radiation protection is mandatory for undergraduate dentists, who become the competent person in each practice. The dentist must undergo continuing training of at least 1.5 hours each 5 years.

The official authorities charge a one-off payment for the registration of radiation equipment, of about €275. In addition, there is an annual maintenance subscription of €160.

Hazardous waste

Regulations cover the disposal of clinical waste including the installation of amalgam separators. For waste disposal the Flemish Dental association has a group contract which cost €125 a year (2008). Approved collectors take the waste away in special containers.

Amalgam separators have been required by law since 2002.
Financial Matters

Retirement pensions and Healthcare

Normal retirement age is 65 for men and women, but is not compulsory. There is an official but very low retirement scheme for independent workers (€600 per month). There are many pension schemes on a voluntary basis.

Taxes

National income tax:

The highest rate of income tax is 55% on earnings over about €50,000.

VAT/sales tax

There is value added tax, payable at a rate of 21% on purchases, including dental equipment and materials. Dental services are not included in VAT.

Financial Comparators

<table>
<thead>
<tr>
<th></th>
<th>Zurich = 100</th>
<th>Brussels 2003</th>
<th>Brussels 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prices (excluding rent)</td>
<td>79.2</td>
<td>87.8</td>
<td></td>
</tr>
<tr>
<td>Prices (including rent)</td>
<td>75.7</td>
<td>83.6</td>
<td></td>
</tr>
<tr>
<td>Wage levels (net)</td>
<td>56.0</td>
<td>66.5</td>
<td></td>
</tr>
<tr>
<td>Domestic Purchasing Power</td>
<td>64.5</td>
<td>79.5</td>
<td></td>
</tr>
</tbody>
</table>

Source: UBS August 2003 January 2008
Other Useful Information

Competent Authority and Information Centre:
FOD Volksgezondheid/SPF Santé publique
Gezondheidszorg/Soins de santé
Victor Hortaplein 40 bus 10
1060 Brussel
BELGIUM
Tel: +32 2 524 98 33
Fax: +32 2 524 98 17
Email: Leona.Geudens@health.fgov.be
Website: www.health.fgov.be

Dental Associations:
Flemish (Dutch) language:
Verbond der Vlaamse Tandartsen (VVT)
Vrijheidslaan 61
1081 Brussel
BELGIUM
Tel: +32 2 413 00 13
Fax: +32 2 414 87 27
Email: verbond@tandarts.be
Website: www.tandarts.be

French language:
Chambres Syndicales Dentaires (CSD)
Boulevard Tirou 25 bte 9
6000 Charleroi
BELGIUM
Tel: +32 71 31 05 42
Fax: +32 71 32 04 13
Email: administration.csd@incisif.org
Website: www.incisif.org

French language:
Société de Médecine Dentaire (SMD)
Avenue de Fré 191
1180 Brussel
BELGIUM
Tel: +32 2 375 81 75
Fax: +32 2 375 86 12
Email: info@dentiste.be
Website: www.dentiste.be

Publications:
VVT: Contactpunt (monthly)
Editor: Eric Delaeter
Vrijheidslaan 61
1081 Brussel
BELGIUM
Tel: +32 2 413 00 13
Fax: Email: eric.delaeter@tandarts.be

CSD: L’Incisif (monthly)
Boulevard Tirou 25 bte 9
6000 Charleroi
BELGIUM

SMD: Le Point (monthly)
Editor: Olivier Custers
Avenue de Fré 191
1180 Brussel
Tel: +32 2 375 81 75
Fax: +32 2 375 86 12
Email: info@dentiste.be

Dental Schools:

Brussels
Université Libre de Bruxelles
Hôpital Universitaire Saint-Pierre
Rue Haute 322
1000 Bruxelles
BELGIUM
Tel: +32 2 538 00 00
Fax: Email: http://www.ulb.ac.be
Dentists graduating each year: 23
Number of students: 100

Brussels (French)
Université Libre de Bruxelles
Hôpital Universitaire Erasme
Route de Lenne 808
1070 Bruxelles
BELGIUM
Tel: +32 2 555 31 11
Fax: +32 2 555 34 66
Email: Website: www.ulb.be
Dentists graduating each year: 25-30
Number of students:

Gent (Flemish)
Universiteit Gent
Dienst voor Mond-Tand-en Kaakziekten
De Pintelaan 185
B-9000 Gent

Liége (French)
Université de Liège
Institut de Dentisterie
Espace Bavière
Boulevard de la Constitution
<table>
<thead>
<tr>
<th>Country</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Website</th>
<th>Dentists graduating each year</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>B-4020 Liège</td>
<td>+32 4 343 43 3</td>
<td></td>
<td><a href="http://www.ulg.ac.be">http://www.ulg.ac.be</a></td>
<td>30-35</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Number of students:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leuven (French)</td>
<td>Kapucijnenvoer 7</td>
<td>+32 16 33 24 07</td>
<td>+32 16 33 24 84</td>
<td><a href="http://www.kuleuven.ac.be">www.kuleuven.ac.be</a></td>
<td>48</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Number of students:</td>
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