



European Board of Cardiac Radiology  
**European Diploma Cardiac Imaging  
Application Form – Experts**

Please send your application via fax (+43 1 535 50 93 445) or via e-mail ([office@escr.org](mailto:office@escr.org)) to the ESCR Office.

## Personal Information

Gender  male  female

Academic title

First name

Last name

Date of birth (DD | MM | YYYY)

## Contact Information

Head of Department

Hospital

Department

Street

ZIP

City

Country

Phone

Fax

E-mail

Retype e-mail



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## Entry Criteria

### Publication List

- Yes, I will send the ESCR Office my publication list to confirm I have published at least five articles about cardiac radiology in internationally recognised, peer-reviewed scientific journals.  
Candidates must have contributed substantially to these publications (e.g. first authorship).

### Curriculum Vitae

- Yes, I will send the ESCR Office my CV, including a record of:
- previous training posts in general and cardiac radiology.
  - all scientific and educational activities.

### Practice in Cardiac Radiology

- Yes, I am currently actively practicing cardiac radiology.

### Act as examiner

- Yes, I am willing to act as an examiner.

### Full Membership ESCR and ESR (in good standing)

- I confirm being Full Member of ESCR (European Society of Cardiac Radiology) and Full Member of ESR (European Society of Radiology) in good standing.

### Handling fee

- Yes, I accept a handling fee of € 400.00.

If selected by the EBCR (European Board of Cardiac Radiology) to act as an examiner, a one time refund of € 200.00 will be granted.



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## Payment

**Payment method:** credit card payment only

**Handling fee:** € 400.00

Visa    Mastercard

Name of cardholder

Credit card no.

Expiry date (MM/YYYY)

Signature

## General Terms and Conditions

### Accuracy of information

I herewith confirm the accuracy of the information provided.

### Terms of cancellation

No refunds can be provided if an applicant withdraws his/her application.

If a candidate cannot provide all entry criteria, his/her registration for the examination will be cancelled.

Candidates judged to have satisfied the entry criteria will be eligible to take the diploma examination.

I herewith accept the **Terms of Cancellation as indicated above.**

**Please note that no refunds can be provided if an applicant withdraws his/her application.**

Date

Signature

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