

# European Diploma Cardiovascular 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

# European Diploma Cardiovascular 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.

## 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.

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

- I confirm being Member of ESCR (European Society of Cardiovascular Radiology) and Member of ESR (European Society of Radiology) in good standing (full or corresponding member).

### Handling fee

- Yes, I accept a handling fee of € 400.00 Full Member / € 600.00 Corresponding Member.  
If selected by the EBCR to act as an examiner, a one time refund of € 200.00 will be granted.



**ESCR**

EUROPEAN SOCIETY OF  
CARDIOVASCULAR  
RADIOLOGY

European Board of Cardiovascular Radiology

# European Diploma Cardiovascular 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.

## Payment

**Payment method:** credit card payment only

**Handling fee:** € 400.00 Full Member / € 600.00 Corresponding Member

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
------	-----------

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.