

European Board of Cardiovascular Radiology
EUROPEAN DIPLOMA CARDIOVASCULAR IMAGING
APPLICATION FORM



Please send your application via email (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

Hospital

Department

Head of department

Street

ZIP

City

Country

Phone

Email

Retype email

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Please send your application via email (office@escr.org) to the ESCR Office.

ENTRY CRITERIA

Board certified radiologist

- I herewith confirm to be a board certified radiologist and will send a proof to the ESCR Office for verification.

RIS documentation or Logbook

- I herewith confirm, I have completed at least 100/300 (life-cases/data-base-cases) cardiac CT studies and 100/300 (life-cases/data-base-cases) cardiac MR studies.

Letter of support

- Yes, I will send the ESCR Office a letter of support, signed by my cardiac/cardiovascular radiology programme director or head of department.

Please indicate the name of your cardiac/cardiovascular radiology programme director or head of department:

Full name

Email

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.

CME credits in cardiovascular imaging

- Yes, I have achieved 40 CME credits category 1 specifically in cardiovascular imaging with various modalities (e.g. 50% CT and 50% MR).
- Yes, I will send a proof to the ESCR Office for verification.

Cardiovascular Imaging Examination

- I confirm I have successfully passed the ESCR Cardiovascular Imaging Examination.

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).

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PAYMENT

Payment method: credit card payment only
Handling fee: € 400.00 Full Member
€ 600.00 Corresponding Member
 Mastercard
 Visa

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.
Please note, ESCR reserves the right to decline your application without stating its reason.

I herewith accept the terms of cancellation as indicated above.

Data protection

Your data matters: Find out how the ESCR processes personal data and view your rights here: www.escr.org (data protection)

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

Date	Signature
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