



eshnr

European Society of
Head and Neck Radiology

EUROPEAN BOARD IN HEAD AND NECK RADIOLOGY DIPLOMA Application Form

Please send your application together with all necessary documents via email to ESHNR Office (office@eshnr.eu)

PERSONAL INFORMATION

Gender: male female

| | |
|----------------|------------|
| Academic title | First name |
| Last name | |
| Date of birth | |

CONTACT INFORMATION

| | |
|--------------------|--------------|
| Head of department | |
| Hospital | |
| Department | |
| Street, number | |
| Postal Code | Town/City |
| Country | |
| Phone | |
| Email | Retype email |



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Document to be filled in by the Chairman of the Training Institution

Certification regarding the training of

_____ , born on _____ ,

working at the _____

since _____ in view of obtaining ESHNR Diploma and the Fellowship Certificate of the ESHNR.

I hereby certify that _____ has spent _____ months
(at least 8 months) of clinical activity in the field of head and neck.

I hereby certify that the above mentioned candidate has been involved in the following fields of the head and neck
(minimum 5):

- | | | |
|--|------------------------------|-----------------------------|
| 1 the petrous bone, the skull base and cranial nerves | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 the orbit and visual pathways | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 the sinuses, the face and the deep spaces of the suprahyoid neck | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 the oral cavity, the pharynx and the larynx | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 the neck, incl. lymph nodes and its vasculature and the deep spaces of the infrahyoid neck | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 the salivary glands | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 the mandible and temporomandibular joints | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 the thyroid gland and the parathyroid glands, the thoracic inlet and the brachial plexus | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name of Institution

Name of the Chairman

Date

Signature

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PAYMENT

Payment method: credit card payment only

Handling fee: € 400.00

After approval you will receive an autorisation form to indicate your credit card details.

GENERAL TERMS AND CONDITIONS

Accuracy of information

I herewith confirm the accuracy of the information provided.

ESHNR and ESR membership

I herewith confirm that I am a full member of both ESHNR and ESR.

Necessary documents

I herewith confirm that I have attached the following documents to my application form.

- CV
- Copy of the diploma certifying that I am a medical doctor
- Copy of the diploma certifying that I have a European radiology qualification diploma or the equivalent of a European radiology diploma
- Copy of the certificate of membership for ESHNR and ESR
- Copy of the certificate of attendance of one Annual Meeting of the ESHNR
- Copy of the certificate of attendance of all meetings, courses, exchange programmes or presented posters/oral presentations as well as published papers giving a total of 100 points

Terms of cancellation

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

If a candidate cannot provide all eligibility criteria, his/her registration for the examination will be cancelled. Candidates judged to have satisfied the eligibility criteria will be accepted 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 |
|-----------|