



**eshnr**

European Society of  
Head and Neck Radiology

# EUROPEAN BOARD IN HEAD AND NECK RADIOLOGY DIPLOMA Application Form

Please return the signed application form, together with all necessary documents, via email to the ESHNR Office (office@eshnr.eu).

## PERSONAL INFORMATION

Gender:  male  female

Academic title

First name

Last name

Date of birth

## CONTACT INFORMATION

Hospital

Department

Head of department

Street, number

Postal Code

Town/City

Country

Phone

Email

Retype email



**eshnr**

European Society of  
Head and Neck Radiology

# EUROPEAN BOARD IN HEAD AND NECK RADIOLOGY DIPLOMA Application Form

Please return the signed application form, together with all necessary documents, via email to the ESHNR Office ([office@eshnr.eu](mailto:office@eshnr.eu)).

## 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 24 months) of training or experience 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



**eshnr**

European Society of  
Head and Neck Radiology

# EUROPEAN BOARD IN HEAD AND NECK RADIOLOGY DIPLOMA Application Form

Please return the signed application form, together with all necessary documents, via email to the ESHNR Office (office@eshnr.eu).

## ENTRY CRITERIA

### Training in Radiology

- I confirm to have least five (5) years of national training in radiology and I herewith attach the respective proof/certificate.
- For candidates with less than five years of training, a proof of experience as a supervised staff radiologist is required. I herewith attach the same.

### Subspecialty training

- I confirm to have at least two years of subspecialty training or equivalent experience, of which only one year can be acquired during level 2 training (years 4-5). Subspecialty training during level 1 training (years 1-3) does not fulfil the training requirement for a diploma. I herewith attach a signed letter from the head of department/programme director.

### Proof of practice

- I herewith provide a proof of practice.

### RIS documentation/Logbook

- I herewith attach a total record of my experience in head & neck radiology.
- I herewith attach a letter countersigned by the programme director, confirming the RIS documentation/Logbook provided (at least two years of subspecialty clinical practice/training certified by the programme director).

### Letter of support

- I herewith provide a letter of support from the head of department/programme director.

### CME credits

- I confirm to have at least 100 CME credits in head & neck radiology and herewith attach the respective proof(s).  
The list of events and activities providing CME credits is updated regularly on the ESHNR webpage. Appendix 1 and Appendix 2 include an overview of events and activities providing credits recognised for the diploma. Among these events and activities, 40 CME credits have to be collected from 2 annual ESHNR meetings.
- I confirm that 40 CME credits are collected from 2 annual ESHNR meetings.

### Curriculum vitae

- I herewith provide a CV.

### ESHNR and ESR membership

- I confirm being member of ESHNR (European Society of Head and Neck Radiology) and member of ESR (European Society of Radiology) in good standing (full or corresponding member) in the year(s) of application and examination.

### Webinars/Events

ESHNR recommends attending its webinars to get continuous education, CME credits and training for the diploma (list in Appendix). Furthermore, attending the annual ESR meetings and using the online resources of the ESR is strongly encouraged.



**eshnr**

European Society of  
Head and Neck Radiology

# EUROPEAN BOARD IN HEAD AND NECK RADIOLOGY DIPLOMA Application Form

Please return the signed application form, together with all necessary documents, via email to the ESHNR Office (office@eshnr.eu).

## 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 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.

## PAYMENT

**Payment method:** credit card payment only

**Handling fee:** € 430.00 ESHNR Active Members  
€ 430.00 ESHNR Corresponding Members

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

Date

Signature