



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



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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 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



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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 website. Among these events and activities, there must be attendance at 2 annual ESHNR meetings.
- I confirm 2 ESHNR annual meeting attendances and herewith attach the respective certificates.

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. Furthermore, attending the annual ESR meetings and using the online resources of the ESR is strongly encouraged.



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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
