



European Diploma in Urogenital radiology (EDiUR)

APPLICATION FORM

Please send your application via email (esursecretary@esur.org) to the ESUR Head Office

Personal Information

Gender: male/female

First name: _____ Surname: _____

Date of birth _____

Contact Information

Head of Department _____

Hospital _____

Street _____

Zip _____

City _____

Country _____

Phone _____

Email _____

I confirm accuracy and membership status:

- I hereby confirm that the statements made above are correct and correspond to the truth
- I confirm being Full Member of ESUR (European Society of Urogenital Radiology) and ESR (European Society of Radiology) in good standing

I enclose with the application:

- Certificate of completed training/diploma in medicine
- RIS documentation or logbook with a total record of the candidate's experience in the respective subspecialty counter signed by the candidate's programme director (at least two years of subspecialty clinical practice/ training certified by the programme director are required)
- A letter of support from the programme director or department head
- CV
- Proof of ESR and subspecialty society membership in the year(s) of the application and of the examination
- Evidence of at least 50 CME credits in urogenital radiology recognized by ESUR

Signature

Date