



European Diploma in Urogenital radiology (EDiUR)

APPLICATION FORM

Please send your application via email (esursecretary@esur.org)

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 to the application:

- copy of the diploma in medicine
- proof of practice (2 years of clinical in UG radiology after residency) certified by Head of Department
- CV (Curriculum Vitae)
- copy of the certificate of three annual Meetings/Symposia/Workshop or Courses of the ESUR in 5 years and/or refresher courses in UG radiology during the ECR, RSNA or Society of Abdominal Radiology meetings
- Logbook or RIS documentation of recorded activities in UG radiology, certified by Head of Department

Signature

Date