

European Diploma in Breast Imaging Application Form

Please send your application via email (office@eusobi.org) to the EUSOBI Office.

Personal Information

Gender male female

Academic title

First name

Last name

Date of birth (DD|MM|YYYY)

Contact Information

Hospital

Department

Head of department

Street

ZIP

City

Country

Phone

Fax

Email

Retype email

European Diploma in Breast Imaging Application Form

Please send your application via email (office@eusobi.org) to the EUSOBI Office.

Entry Criteria

RIS documentation or logbook

- I herewith confirm, I have experience in at least 800 mammographies, 500 ultrasounds, 50 breast MR studies and 50 interventional procedures per year. I have reached these figures independently every year within the last three years before the examination is taken.
- Yes, I will send the EUSOBI Office a copy of my RIS documentation or my logbook.

Letter of support

- Yes, I will send the EUSOBI Office a letter of support, signed by my breast imaging programme director or head of department.

Please indicate the name of your breast imaging programme director:

Full name
Email

Curriculum Vitae

- Yes, I will provide the EUSOBI Office with my CV (English language, European format) including a record of:
- previous training posts in general and breast imaging.
 - all scientific and educational activities.

CME credits in breast imaging

- Yes, I have achieved 25 CME credits (or equivalent national credits) within the last three years specifically in breast imaging with various modalities.
- Yes, I will send a proof to the EUSOBI Office for verification.

Membership EUSOBI and ESR (in good standing)

- I confirm being active member of EUSOBI and full member of ESR in good standing.
- I confirm being associate member of EUSOBI and corresponding member of ESR in good standing.

Certificate of completed training (CCT)

- I herewith confirm that I have already completed five years of radiology training (residency) and at least one year of subspecialty training and will send a proof to the EUSOBI Office for verification.

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Please send your application via email (office@eusobi.org) to the EUSOBI Office.

Payment Information

Payment method: credit card payment only
Handling fee – active/full member: € 400.00
Handling fee – associate/corresponding member: € 600.00

After successful application, you will receive an authorization form to indicate your credit card details.

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 entry criteria, his/her registration for the examination will be cancelled.

Candidates judged to have satisfied the entry criteria will be eligible 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
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