

# European Diploma in Breast Imaging Application Form

Please send your application via fax (+43 1 535 89 25 446) or via email ([office@eusobi.org](mailto: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**

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## 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:

<b>Full name</b>
<b>Email</b>

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

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## Payment

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

Visa     Mastercard

Name of cardholder	
Credit card no.	Expiry date (MM/YYYY)
Signature	

## 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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