

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

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Entry Criteria

Training in radiology

- ☐ I confirm to have completed five years of radiology training (residency) and attach the proof for verification.
- ☐ I have less than five years of radiology training and therefore attach a proof of experience as a supervised staff radiologist.

Subspecialty training

- ☐ I confirm to have at least two years of training in breast imaging following radiology certification. The information is approved within the letter of support./I am attaching the relevant proof.

Proof of practice

- ☐ I herewith confirm to be fully-trained, licensed and practising radiologist and attach a proof of practice.

RIS documentation/logbook

- ☐ I herewith confirm, I have experience in at least 800 mammograms, 500 breast ultrasounds, 50 breast MR studies and 25 breast interventional procedures **per year**. I have reached these figures independently every year within the **last two years** prior to the date of application. As a proof, I am attaching a copy of my anonymised RIS documentation/logbook and have added the figures in the overview chart of the documentation form.

Letter of support

- ☐ I herewith attach a letter of support, written and signed by my breast imaging programme director or head of department.

CME credits in breast imaging

- ☐ I confirm to have collected at least 50 CME credits/equivalent national credits in breast imaging within the last three years and herewith attach the respective proofs.

Attendance of EUSOBI & ECR

- ☐ I confirm to have attended a minimum of two EUSOBI events and minimum one ECR within the last three years prior to the date of application.

Curriculum vitae

- ☐ I am providing the relevant personal information within the documentation form.

EUSOBI and ESR membership

- ☐ I confirm being member of EUSOBI (European Society of Breast Imaging) and member of ESR (European Society of Radiology) in good standing.

Documentation form

- ☐ I herewith attach the completed documentation form including the relevant signature.

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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: € 430.00
Handling fee – associate/corresponding member: € 630.00

After approval 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.

EBBI Holders

A list of all EBBI Holders is published on the EUSOBI website including first name, last name, country and year of examination. Please click the tickbox for your approval.

☐ I herewith accept that my information will be added to the list if passing the examination.

Terms of cancellation

No refunds can be provided if an applicant withdraws his/her application after the payment has been processed.

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. Please note, EUSOBI reserves the right to decline your application without stating its reason.

☐ 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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