

**European Society of Emergency Radiology**

**EUROPEAN DIPLOMA IN EMERGENCY RADIOLOGY –  
REGULAR  
APPLICATION FORM FOR EXAMINATION**

Please send your application via email ([office@eser-society.org](mailto:office@eser-society.org)) to the ESER 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 Society of Emergency Radiology

# EUROPEAN DIPLOMA IN EMERGENCY RADIOLOGY – REGULAR APPLICATION FORM FOR EXAMINATION

Please send your application via email (office@eser-society.org) to the ESER Office.

### ENTRY CRITERIA

#### Board Certification

I herewith confirm to be a board certified radiologist and I attach a proof for the ESER Office for verification.

#### Training in Radiology

I herewith confirm to have at least five (5) years of national training in radiology, plus one (1) year of subspecialty training and I attach a proof, signed by the head of department or programme director, for the ESER Office for verification.

If less than five (5) years of training:

I herewith send a proof of experience.

#### Training in Emergency Radiology

I herewith send a letter, signed by my Emergency Radiology programme director or head of department, confirming that I was trained in Emergency Radiology for a cumulative duration of at least one (1) year.

Please indicate the name/email of your Emergency Radiology programme director/head of department:

Full name
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Email
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#### Proof of Practice

I herewith send a proof of practice for the ESER Office for verification.

#### Webinars

I confirm that I have attended all ESER webinars, required for the EDER.

#### Workshops

I confirm that I have attended all ESER workshops, required for the EDER.

#### Accepted paper/poster at ESER Annual Meeting

I have at least one paper/poster abstract, covering an ER-topic, accepted by the ESER Board.

If not presented during an ESER Annual Meeting:

I attach a confirmation of paper/poster presentation.

#### Curriculum Vitae

I herewith send my CV to the ESER Office, including a record of:

- previous training posts in general and Emergency Radiology
- all scientific and educational activities

#### CME credits in Emergency Radiology

I have achieved 25 CME credits (or equivalent national credits) within the last three years specifically in Emergency Radiology with various modalities and herewith send the respective proof(s) to the ESER Office for verification.

#### ESER and ESR Membership (in good standing)

I herewith confirm being member of ESER (European Society of Emergency Radiology) and member of ESR (European Society of Radiology) in good standing (full or corresponding member).

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**PAYMENT**

Payment method: credit card payment only  
Handling fee: Euro 400.00 Full Member  
Euro 600.00 Corresponding Member

Mastercard  
 Visa

Name of cardholder	
Credit card no.	Expiry date (MM/YYYY)
Signature of the cardholder	CVV2/CVC2

**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.  
Please note, ESER 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.

Location, Date	Signature
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