



EUROPEAN DIPLOMA IN MUSCULOSKELETAL RADIOLOGY APPLICATION FORM

Please send your application via fax (+43 1 535 33 85 442) or via email (office@essr.org) to the ESSR Office.

PERSONAL INFORMATION

Gender male female

Academic title

First name

Last name

Date of birth (DD | MM | YYYY)

CONTACT INFORMATION

Hospital

Head of department

Department

Street

ZIP

City

Country

Phone

Fax

Email

Retype email



EUROPEAN DIPLOMA IN MUSCULOSKELETAL RADIOLOGY

APPLICATION FORM

Please send your application via fax (+43 1 535 33 85 442) or via email (office@essr.org) to the ESSR Office.

ENTRY CRITERIA

Certified radiologist

I herewith confirm to be a certified radiologist (since entering the Diploma programme)

RIS documentation or Logbook

- I herewith confirm, I have experience in the requested number of Imaging procedures and reporting within the last five years.
- I will send the ESSR Office a copy of my RIS documentation or my logbook.

Educational Courses Category 1-3

(Category 1 – ESSR Annual Meetings | Category 2 – Training Modules or a one year MSK radiology fellowship | Category 3 – Refresher Courses)

- I have completed Category 1-3 meetings within the last five years specifically in musculoskeletal radiology.
- I will send the proofs to the ESSR Office for verification.

Membership ESSR and ESR (in good standing)

- I confirm being full member of ESSR and full member of ESR in good standing during the full duration of the programme.

Full name

Email



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PAYMENT

Payment method: credit card payment only

Handling fee: € 400.00

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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