



EDGAR - the ESGAR Diploma in Gastrointestinal and Abdominal Radiology Application for Examination Admission

Monday, May 27, 2024, 16:30 - 18:00

ESGAR 2024 Congress Centre:
Swenska Mässan, Mässans gata 24
412 51 Gothenburg, Sweden

Please send your application via email (office@esgar.org) to the ESGAR Office.

Personal Information

Gender male female other

Academic title:

First name:

Last name:

Date of birth (DD|MM|YYYY):

Contact Information

Hospital:

Department:

Street:

ZIP/City:

Country:

Phone/Fax:

Email:

Retype Email:

Entry Criteria

Training in radiology

I confirm to have successfully completed radiology training (residency) and attach as proof a copy of the board examination diploma or the EDIR diploma:

I have completed five years of radiology training and therefore attach a proof of training indicating the duration by my training center

I have completed less than five years of radiology training, but equivalent experience as a supervised staff radiologist and therefore attach a proof of the center supervising me (will be considered if appropriate)

Subspecialty training

I confirm to have at least two years of training in abdominal imaging following radiological board-certification. This information needs to be proven with the letter of support.

Proof of practice

I herewith confirm to be board-certified, licensed and practising radiologist and attach a proof of practice from my current place of work.

RIS documentation/logbook

I herewith confirm, I have experience in at least 100 abdominal ultrasounds including CEUS , 200 abdominal CT, 100 abdominal MR and 50 abdominal x-ray examinations including fluoroscopy in the previous two years.

As a proof, I am attaching a copy of my anonymised RIS documentation/logbook.

Letter of support

I herewith attach a letter of support, written and signed by my head of department.

CME credits in abdominal imaging

I confirm to have collected at least 50 CME credits/equivalent national credits in abdominal imaging within the last three years and herewith attach the respective proofs. (will be considered if appropriate)

Attendance of ESGAR

I confirm to have attended a minimum of two ESGAR events (Annual Meeting and/or ESGAR Workshops) within the last three years prior to the date of application. This ensures that that at least 50 CME credits have been earned on abdominal imaging topics. I am adding the respective proofs.

Curriculum vitae

I am providing the relevant personal information within my CV.

ESGAR and ESR membership

I confirm being member of ESGAR (European Society of Gastrointestinal and Abdominal Radiology) and member of ESR (European Society of Radiology) in good standing.

Payment Information

Payment method: credit card payment or bank transfer
Handling fee – all members: € 400.00

Once your application is accepted, a payment link will be provided to finalise the application process.

General Terms and Conditions

Accuracy of information

I herewith confirm the accuracy of the information provided.

ESGAR Diploma Holders

A list of all ESGAR Diploma Holders is published on the ESGAR 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.

I herewith accept the terms of cancellation as indicated above.

Date, Signature