

# EDGAR - ESGAR Subspecialty Diploma Application for Examination Admission

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

## PERSONAL INFORMATION

Gender ☐ male ☐ female ☐ other

Academic title

First name

Last name

Date of birth

## CONTACT INFORMATION

Hospital

Department

Street

ZIP/City

Country

Phone/Fax

Email

Retype Email

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## 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.

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## Payment Information

Payment method: credit card payment or bank transfer Handling fee – all members: € 450.00

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.

### MEDICAL CREDENTIAL SERVICES

The digital Diploma will be made available via the Medical Credential Services platform, hosted by EBR, the European Board of Radiology. (<https://www.myebr.org/medical-credential-services>). It is an innovative web-based solution designed to meet the needs of institutions in issuing, protecting, and verifying digital certificates. I herewith accept that my address details will be forwarded to EBR for the purpose of creating log in details to the platform from which the diploma can be downloaded.

☐ I herewith accept the terms of the digital certificate.

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Date, Signature