



EDGAR - the ESGAR Diploma in Gastrointestinal and Abdominal Radiology

Application for Examination Admission

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: € 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

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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.

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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.

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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.

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I herewith accept the terms of the digital certificate.

Date, Signature