



EBIR Application Form – General Information

The application form has 7 parts:

- 1. Contact/Personal information:** the applicant and the authorised representative listed in the document must provide current contact information.
- 2. Proof of Radiology and IR Training:** the applicant is required to provide information about when and where their national radiology training was completed. The authorised representative must also confirm that 2 years of IR training have been/will be completed within a specific time frame.
- 3. Proof of IR Experience:** the authorised representative must verify that the applicant has experience as the first operator, performing at least 250 IR procedures, 150 of which have to be interventions according to chapter 2.2.1 Vascular Diagnosis and Intervention and/or chapter 2.2.5.2 Vascular Interventional Oncology in the European Curriculum and Syllabus for Interventional Radiology.
- 4. Signature of the Authorised Representative:** the document must be signed by the authorised representative listed in the document.
- 5. Competency Checklist:** an eligible signee has to be specified and must complete the checklist.
- 6. Curriculum Vitae:** the applicant must give a description of all scientific and educational activities, as well as a record of previous training posts in radiology. It is a mandatory requirement that all candidates have attended educational events in the 6 years prior to EBIR registration and have obtained 50 CME credits or equivalent.
- 7. Signature of the Applicant:** the document must be signed by the applicant.



1. CONTACT/PERSONAL INFORMATION

Applicant:

Academic title

First name

Last name

Gender

Date of birth (dd/mm/yyyy)

Country of residence

Address

CIRSE member ID

Contact information:

Email address

Phone number

Name and address of current institution:

Name of current institution

Street/No.

City

Zip code

Country

Phone number

Email address



Authorised representative:

The authorised representative, who must be either the **director of the current hospital** or **programme director of the IR or radiology department**, is a co-signee of the EBIR application documents. They are required to confirm the following:

- The applicant has completed the required number of IR procedures.
- The applicant has completed national radiology training and has/will complete at least 2 years of IR training.

Please note:

It is at the discretion of the authorised representative to confirm completion of IR training in the near future. A seat will be allocated in the next available examination according to the date of completion of training. It is the responsibility of the candidate to inform the EBIR Examination Services at least 2 months before the examination date if there are any changes or delays to their training dates.

Personal information:

- Hospital Director
- Programme Director of the IR Department
- Programme Director of the Radiology Department

Academic title

CIRSE member ID (if available)

First name

Last name

Name of current institution

Name of department

Contact information:

Email address

Phone number



2. PROOF OF RADIOLOGY AND IR TRAINING

By signing this form, the **applicant** and the **authorised representative** confirm that:

the applicant completed their national radiology training

on (dd/mm/yyyy)

the applicant has also completed/will also complete at least 2 years of IR training

from (dd/mm/yyyy)

until (dd/mm/yyyy)

Name and address of training institution:

Name and address of the training institution are the same as the current institution as mentioned in the applicant's contact information

Name of training institution

Street/No.

City

Zip code

Country

Phone number

Email address

Current position:

The applicant is working as a fully-qualified staff radiologist at their current institution Yes No

Please note:

- At least 1 year of IR training must be completed **after** national radiology training. If the applicant fails to complete 2 years of IR training or does not take a post as a staff radiologist before taking the examination, they are required to notify the EBIR Examination Services at least 2 months before the examination date at the following email address: ebir@cirse.org.
- The EBIR reserves the right to request verification of any of the criteria listed above at any time.



3. PROOF OF IR EXPERIENCE / PROCEDURES

By signing this form, the **applicant** and the **authorised representative** confirm that the applicant has performed at least 250 IR procedures as the first operator, 150 of which have been interventions according to chapter 2.2.1 Vascular Diagnosis and Intervention and/or chapter 2.2.5.2 Vascular Interventional Oncology in the European Curriculum and Syllabus for Interventional Radiology.

These procedures were performed from (dd/mm/yyyy)

until (dd/mm/yyyy)

In order to better understand the training situation, please indicate the total number of procedures performed by IRs in your hospital per year

Please note:

The EBIR reserves the right to request a complete and properly filled in logbook at any time.



4. SIGNATURE OF THE AUTHORISED REPRESENTATIVE

Authorised representative:

I hereby confirm that all the information included in the sections entitled "Proof of radiology and IR training" and "Proof of IR experience/procedures" is correct and I support this applicant's application to the EBIR examination.

.....
Date

.....
Signature

.....
Official stamp of current facility

Please note:

The EBIR reserves the right to contact the applicant and/or the authorised representative at any time for further verification of the information contained in this form.



5. COMPETENCY CHECKLIST

As part of the entry criteria, prospective candidates are required to have the following form completed by the **relevant authority as listed below**.

Please rate the applicant on the following competencies by checking the respective boxes:

Applicant has demonstrated	Satisfactory	Unsatisfactory
a commitment to patient safety	<input type="checkbox"/>	<input type="checkbox"/>
a commitment to lifelong learning	<input type="checkbox"/>	<input type="checkbox"/>
ability to work in a team environment	<input type="checkbox"/>	<input type="checkbox"/>
appropriate clinical and communication skills in interventional radiology	<input type="checkbox"/>	<input type="checkbox"/>
professionalism in the work place	<input type="checkbox"/>	<input type="checkbox"/>
necessary skills to perform key interventional procedures independently and safely	<input type="checkbox"/>	<input type="checkbox"/>

The following persons are eligible to sign off on the competency checklist; please mark the signee's function as appropriate:

- IR Programme Director
- Fellowship Supervisor
- Head of Radiology Department
- Senior IR Colleague
- Hospital Director

Name of signee

CIRSE ID of signee (if applicable)

.....
Date

.....
Signature



6. CURRICULUM VITAE

All candidates are required to have obtained at least 50 CME credits or equivalent, relating to radiology or interventional radiology, in the 6 years prior to their EBIR registration. Please list **relevant** educational events you have attended within the past 6 years. Please note that industry sponsored educational events **cannot** be accepted.

Educational events:

Title of the event and organiser of event	Start date <i>(dd/mm/yy)</i>	End date <i>(dd/mm/yy)</i>	Number of days attended <i>(e.g. half day, full day, two full days, etc.)</i>	Type of Event <i>(e.g. conference, workshop, webinar, etc.)</i>



Medical education:

Name of University/Institution	Title of course	Country	Period

Work experience and training posts:

Please list training posts and/or positions you have held in radiology and/or interventional radiology, if applicable (5 most recent):

Name of Institution	Training/Job Title	Duration of Position

Published works:

Please list your published works, if applicable (5 most recent):



7. SIGNATURE OF THE APPLICANT

Applicant:

I hereby confirm that all the information included in this application form is correct.

.....
Date

.....
Signature

As defined in the terms and conditions, the CIRSE Society has the right to revoke the European Board of Interventional Radiology (EBIR) qualification and title at any time if the EBIR Reviewing Board determines that an EBIR qualification holder was or is not properly qualified to receive and retain it or if it is discovered that an EBIR qualification holder had submitted falsified application documents. The EBIR also reserves the right to contact the applicant and/or the authorised representative at any time for further verification of the information contained in this form.