

# European Certification for Endovascular Specialists

## General Information

The Application Form has 6 parts.

- 1. Contact/Personal information:** the Applicant and the Authorised Representative are required to provide contact information. Please note that the Applicant is required to be an EBIR holder and to have successfully completed their EBIR examination at least 4 years prior to application.
- 2. Proof of Advanced Knowledge and Experience in the Field of Endovascular Therapy:**  
The Applicant must have completed at least 250 advanced endovascular interventional radiology (IR) procedures as the primary operator, in the years post-EBIR certification. These must be in addition to the 150 vascular EBIR-required procedures. This must be verified by the Authorised Representative as listed in the form.
- 3. Clinical Competency Checklist:** the Applicant is required to submit the competency checklist, which must have been completed and signed by the Authorised Representative as listed in the form. This details the Applicant's clinical competency and confirms that they have seen at least 200 patients in-clinic since successfully completing the EBIR examination.
- 4. Signature of the Authorised Representative:** the Authorised Representative is required to confirm the details provided in this application by signing the form.
- 5. Education:** the Applicant is required to have attended a minimum of 3 CIRSE Live or Online Educational Events in the 5 years prior to application. The Applicant is required to have successfully completed at least 3 CIRSE Academy Courses that have been approved by the Endovascular Subcommittee from the current list of accepted courses on the CIRSE website.
- 6. Signature of the Applicant:** the Applicant is required to confirm the details provided in this application by signing the form.

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## 1. CONTACT/PERSONAL INFORMATION

### APPLICANT INFORMATION

CIRSE ID .....

Title .....

First name(s) .....

Last name .....

Date the EBIR was passed (date as shown on EBIR certificate) .....

Nationality .....

Gender  Male  Female  Not listed

Contact telephone number .....

Please note that Applicants will be contacted via the email address used to access their myCIRSE account.

### Current Institution

Name of current institution .....

Street/No. ....

City .....

Zip/Post code .....

Country .....

Web address .....

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## **AUTHORISED REPRESENTATIVE**

CIRSE ID (if applicable) .....

Title .....

First name(s) .....

Last name .....

Contact email address .....

Contact telephone number .....

## **Current Institution**

Name of current institution .....

Street/No. ....

City .....

Zip/Post code .....

Country .....

## **Current position/status held**

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

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## 2. PROOF OF ADVANCED KNOWLEDGE AND EXPERIENCE IN THE FIELD OF ENDOVASCULAR THERAPY

### AUTHORISED REPRESENTATIVE

The following confirmation must be provided by the Authorised Representative.

I confirm that the Applicant has completed at least 250 advanced endovascular IR procedures as the primary operator since successfully passing the EBIR examination.

Yes       No

These advanced endovascular IR procedures must be **in addition** to the 150 vascular procedures required to fulfil the EBIR entry criteria. These **advanced** procedures can have been solely venous or arterial, or a combination of both.

Please find the full list of accepted advanced IR procedures in the table below.

#### Advanced Endovascular Procedures Reference Table

##### Arterial Procedures

- Complex iliac and SFA angioplasty and stenting (occlusions, heavily calcified lesions) [2.2.1.1.1]
- Infrapopliteal/pedal angioplasty and/or stenting [2.2.1.1.1]
- Arterial pharmacomechanical thrombectomy or percutaneous embolectomy [2.2.1.1.1]
- Arterial embolisation (all types including UAE, PAE, TACE, GI/bronchial/visceral, AVM) [2.2.1.1.1 to 2.2.1.1.9, 2.2.1.2]
- Aortic stent grafts (EVAR, TEVAR, FEVAR) [2.2.1.1.3]
- Carotid stenting [2.2.1.1.4]

##### Venous Procedures

- Venoplasty and/or stenting (central and peripheral) [2.2.1.3.1 to 2.2.1.3.3, 2.2.1.3.6]
- Venous pharmacomechanical thrombectomy [2.2.1.3.1]
- IVC filter retrieval [2.2.1.3.2]
- Venous recanalisation of chronic occlusions [2.2.1.3.1, 2.2.1.3.3]
- Venous embolisation (e.g. gonadal veins, VM) [2.2.1.1.6, 2.2.1.3.5]
- Portal and hepatic venous interventions (e.g. TIPS, BRTO) [2.2.1.3.4]

The required **250 advanced IR procedures as the primary operator** must correspond with the above subsections of the European Curriculum and Syllabus for Interventional Radiology, Second Edition. The chapter number is indicated in brackets after each procedure.

#### Please note:

CIRSE reserves the right to request a complete and accurate logbook submission from the Applicant at any time. Please note that the submission of a logbook is by **request only**.

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## 3. CLINICAL COMPETENCY CHECKLIST

### AUTHORISED REPRESENTATIVE

The following form must be completed by the Authorised Representative.

Please rate the Applicant on the following competencies by checking the respective boxes.

| The Applicant has demonstrated:   | Satisfactorily           | Unsatisfactorily         |
|---|--------------------------|--------------------------|
| 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 skills in endovascular therapy                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| communication skills and professionalism in the workplace                           | <input type="checkbox"/> | <input type="checkbox"/> |
| proficiency in performing advanced endovascular procedures independently and safely | <input type="checkbox"/> | <input type="checkbox"/> |
| a commitment to clinical practice including outpatient clinics and ward rounds      | <input type="checkbox"/> | <input type="checkbox"/> |

I confirm that the Applicant has seen **at least 200** patients in-clinic since successfully passing the EBIR examination.

Yes       No

I confirm that the Applicant is currently a practising Interventional Radiologist.

Yes       No

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## 4. SIGNATURE OF THE AUTHORISED REPRESENTATIVE

### AUTHORISED REPRESENTATIVE

I confirm that my details as listed in page 3 of the Application Form are correct. I confirm that all of the information contained in the sections entitled 'Proof of Advanced Knowledge and Experience in the Field of Endovascular Therapy' and 'Clinical Competency Checklist' is correct.

.....  
Date

.....  
Signature

.....  
Stamp of institution

### Please note:

The Authorised Representative may be contacted at any time to verify the details contained in sections 2 and 3 of this Application Form.

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## 5. EDUCATION

### APPLICANT

#### CIRSE Live or Online Educational Events

Applicants are required to have attended at least 3 CIRSE Live or Online Educational Events dealing with endovascular therapy in the past 5 years. These include CIRSE Annual Congresses, suitable clinical device trainings of the European School for Interventional Radiology (ESIR), the European Conference on Embolotherapy (ET), and the European Conference on Complications in Interventional Radiology (ICCIR).

Please provide details of 3 CIRSE Live or Online Educational Events attended in the past 5 years:

| Event Title | Start date<br>(dd/mm/yyyy) | End date<br>(dd/mm/yyyy) |
|-------------|----------------------------|--------------------------|
|             |                            |                          |
|             |                            |                          |
|             |                            |                          |

#### CIRSE Academy Courses

I confirm that I have successfully completed at least 3 CIRSE Academy Courses that have been approved by the Endovascular Subcommittee from the current list of accepted courses on the CIRSE website.

Yes

No

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## 6. SIGNATURE OF THE APPLICANT

### APPLICANT

I hereby confirm that the information provided in this Application Form is correct.

.....  
Date

.....  
Signature

### **Please note:**

The Applicant may be contacted at any time to verify the details and authenticity of their application.

Application Forms must have been signed within a 3-month period or less from the date of application and must have been signed after the date of completion of the required experience.

The CIRSE Society has the right to revoke the European Certification for Endovascular Specialists and the corresponding title at any time if the Reviewing Board determines that a certification holder was or is not properly qualified to receive and retain the certification, or if it is discovered that a certification holder had submitted falsified application documents.