



## 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, with at least 1 of these years being after the completion of national radiology training. Applicants must have completed their national radiology training prior to application. Applicants must have completed the required two years of IR training by the date of examination.
- 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 their scientific and educational activities, as well as a record of previous training posts in radiology. It is a mandatory requirement that all applicants have attended educational events in the 6 years prior to EBIR application 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

CIRSE ID .....

First name(s) .....

Last name .....

Gender .....

Nationality .....

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 .....



**AUTHORISED REPRESENTATIVE**

The authorised representative may be any responsible authority as listed, provided that they have access to the applicant’s educational history and can confirm the applicant’s training and experience.

They are required to confirm the following:

- 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.
- The applicant has completed IR training in accordance with the dates stated in the application form.

CIRSE ID (if applicable) .....

Title .....

First name(s) .....

Last name .....

Contact email address .....

Contact telephone number .....

**Current position/status held**

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

Name of current institution .....

Street/No. ....

City .....

Zip/Post code .....

Country .....

**Please note:**

The applicant’s national radiology training must be completed by the time of application. The applicant’s required 2 years of IR training, of which at least 1 of these years has to be after the completion of national radiology training, must be completed by the time of the examination sitting. It is at the discretion of the authorised representative to confirm the planned completion of the applicant’s IR training. Applicants who comply with all entry criteria and provide all requested documentation and proof will be allocated a seat in the next available examination sitting according to the date of completion of their required IR training. It is the responsibility of the applicant to inform the EBIR Examination Services at least 2 months before their scheduled examination date if there are any changes or delays to the training dates stated in their application.



## 2. PROOF OF RADIOLOGY AND IR TRAINING

### APPLICANT / AUTHORISED REPRESENTATIVE

Please note that all fields are compulsory.

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

the applicant successfully 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) .....

### National Radiology Training Institution

The name and the address of the applicant's national radiology training institution are the same as the current institution as mentioned in the applicant's contact information.

Yes  No

If no, please complete the fields below.

Name of training institution .....

Street/No. ....

City .....

Zip/Post code .....

Country .....

Web address .....

### Current Position

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

### Please note:

- By the time of examination candidates must have completed 2 years of IR training, with at least 1 year of IR training being completed after national radiology training. All requested dates must be stated. If the applicant fails to complete 2 years of IR training and/or is not an actively practicing fully-qualified staff radiologist at the time of examination, they are required to notify the EBIR Examination Services at least 2 months before their scheduled examination date via the following email address: [ebir@cirse.org](mailto: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

#### AUTHORISED REPRESENTATIVE

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

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#### Please note:

CIRSE Society 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.



#### 4. SIGNATURE OF THE AUTHORISED REPRESENTATIVE

##### AUTHORISED REPRESENTATIVE

I, the authorised representative, hereby confirm that all of the information detailed in the sections entitled "Proof of Radiology and IR Training" and "Proof of IR Experience/Procedures" is correct and I confirm that 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 and/or other information provided to verify the applicant's eligibility.



## 5. COMPETENCY CHECKLIST

### AUTHORISED REPRESENTATIVE

As part of the entry criteria, applicants 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:

The 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





**APPLICANT**

**Medical Education**

<b>Name of University/Institution</b>	<b>Title of Course</b>	<b>Country</b>	<b>Date of Award (dd/mm/yyyy)</b>

**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):

<b>Name of Institution</b>	<b>Training/Job Title</b>	<b>Country</b>	<b>Duration (e.g. 8 months)</b>

**Published Works**

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

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## 7. SIGNATURE OF THE APPLICANT

### APPLICANT

I confirm to be in good professional standing, i.e. no restrictions have been placed on my practice or registration by any regulatory body, either in my current country of practice or another.

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

.....  
Date

.....  
Signature

### Please note:

As defined in the Terms and Conditions, 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.