



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 performed/will perform at least 250 IR procedures as the first operator by the time of the examination sitting, 150 of which were/will 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/will perform at least 250 IR procedures as the first operator in accordance with the dates stated in the application form, 150 of which were/will 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.
- The applicant has completed/will complete 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 required 250 IR procedures and 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 and the required 250 IR procedures. 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 and 250 IR procedures. 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 (planned) completion 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 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.
- 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/will perform at least 250 IR procedures as the first operator, 150 of which were/will 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.

These procedures were performed/will be 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:

- By the time of the examination, candidates must have performed the required 250 IR procedures as the first operator. All requested dates must be stated. If the applicant fails to perform the required 250 IR procedures, 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.
- 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:

- | | |
|-------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> IR Programme Director | <input type="checkbox"/> Fellowship Supervisor |
| <input type="checkbox"/> Head of Radiology Department | <input type="checkbox"/> Senior IR Colleague |
| <input type="checkbox"/> Hospital Director | |

Name of signee _____

CIRSE ID of signee (if applicable) _____

Date

Signature



6. CURRICULUM VITAE

APPLICANT

All applicants 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. The following information is for **guidance only**: 1 day of participation at an educational event would usually be considered the equivalent of 6 CME credits.

Educational Events

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



APPLICANT

Medical Education

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

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	Country	Duration (e.g. 8 months)

Published Works

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



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.