



## General Information

The Application Form has 6 parts.

- 1. Contact/Personal information:** the Applicant and the Authorized 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 2 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. This must be verified by the Authorized 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 Authorized Representative as listed in the form. This details the Applicant's clinical competency and confirms that they are currently working as an IR and have seen at least 200 patients in clinic, by telephone or virtually since successfully passing the EBIR examination.
- 4. Signature of the Authorized Representative:** the Authorized 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.
- 6. Signature of the Applicant:** the Applicant is required to confirm the details provided in this application by signing the form.



## 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 .....

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 .....



**AUTHORIZED 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



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

### AUTHORIZED REPRESENTATIVE

The following confirmation must be provided by the Authorized 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** procedures may be 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 embolization (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 recanalization of chronic occlusions [2.2.1.3.1, 2.2.1.3.3]
- Venous embolization (e.g. gonadal veins, VM) [2.2.1.1.6, 2.2.1.3.5]
- Portal and hepatic venous interventions (e.g. TIPS, BROTO) [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, Third Edition. The chapter number is indicated in brackets after each procedure.

### 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**.



### 3. CLINICAL COMPETENCY CHECKLIST

#### AUTHORIZED REPRESENTATIVE

The following form must be completed by the Authorized 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, ward rounds, and pre- and post-patient follow-up care	<input type="checkbox"/>	<input type="checkbox"/>

I confirm that the applicant has had direct consultations with at least 200 patients in person or as part of a team, either in clinic, by telephone or virtually since successfully passing the EBIR examination.

☐ Yes      ☐ No

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

☐ Yes      ☐ No



## 4. SIGNATURE OF THE AUTHORIZED REPRESENTATIVE

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



## 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).

To fulfil the requirement, Applicants must have a valid registration for each event. All-Access Pass holders who plan to attend events virtually must sign in as online users. This feature is available on the congress platform throughout the duration of the event and for 12 weeks thereafter.

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

Event Title	Start date (dd/mm/yyyy)	End date (dd/mm/yyyy)

#### Please note:

Applicants are 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.

Applicants will be asked to indicate the completed courses during the registration process.



## 6. 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:

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 6-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.