

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 Interventional Oncology Therapy: The Applicant must have completed at least 250 advanced interventional oncology (IO) 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, have seen at least 200 patients in clinic, by telephone or virtually, and have participated in at least 40 multidisciplinary tumour boards 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

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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 INTERVENTIONAL ONCOLOGY THERAPY

AUTHORIZED REPRESENTATIVE

The following confirmation must be provided by the Authorized Representative.

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

Yes No

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

Advanced IO Procedures Reference Table

- Tumour ablation [2.3.1-2.3.8]
- Chemoembolization [2.2.7, 2.3.1]
- Radioembolization [2.3.1.1-2.3.1.5]
- Hepatic arterial infusion/Bland embolization [2.1.5, 2.1.8, 2.3.1, 2.3.3.1, 2.3.4.1]
- Neurolysis [2.1.9]
- Bone and spine augmentation techniques for malignancies [2.1.9, 2.3.4.1-2.3.4.2]

Biopsies and drainages are not accepted.

The required **250 advanced IO procedures as the primary operator** must correspond with the above subsections of the European Curriculum and Syllabus for Interventional Oncology, Second 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.

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The Applicant has demonstrated:	Satisfactorily	Unsatisfactorily
a commitment to patient safety		
a commitment to lifelong learning		
ability to work in a team environment		
appropriate clinical skills in IO therapies		
communication skills and professionalism in the workplace		
proficiency in performing advanced IO procedures independently and safely		
a commitment to clinical practice including outpatient clinics, ward rounds and pre- and post-patient follow-up care		

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 has participated in at least 40 multidisciplinary tumour boards 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 Interventional Oncology 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.



EUROPEAN CERTIFICATION FOR INTERVENTIONAL ONCOLOGY SPECIALISTS

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 IO therapy in the past 5 years. These include CIRSE Annual Congresses, the European Conference on Interventional Oncology (ECIO), suitable clinical device trainings of the European School for Interventional Radiology (ESIR) and the European Conference on Embolotherapy (ET).

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 in the field of Interventional Oncology.

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 Interventional Oncology 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.