

## Personal Information

Gender:            male            female

Academic title	First name
Last name	
Date of birth	

## Contact information

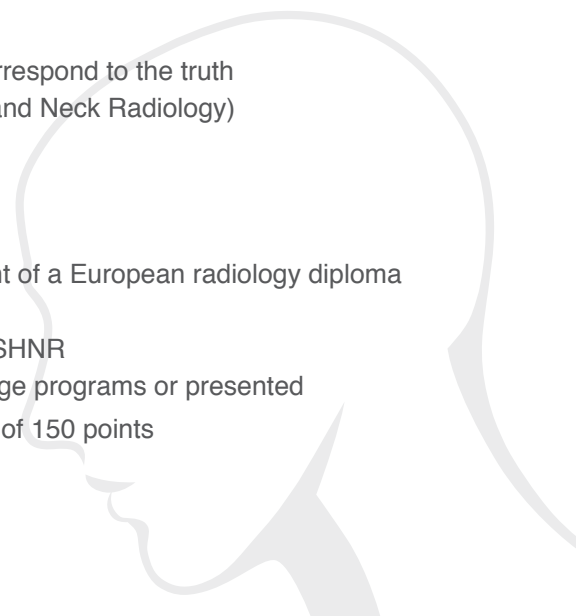
Head of department	
Hospital	
Department	
Street	
Zip	City
Country	
Fax	Phone
Email	Retype Email

### I confirm accuracy and membership status:

I hereby confirm that the statements made above are correct and correspond to the truth  
I confirm being Full Member of ESHNR (European Society of Head and Neck Radiology)  
and ESR (European Society of Radiology) in good standing

### I enclose to the application:

- copy of the diploma in medicine
- copy of the European radiology qualification diploma or the equivalent of a European radiology diploma
- CV (Curriculum Vitae)
- copy of the certificate of attendance of two annual meetings of the ESHNR
- copy of the certificate of attendance of all meetings, courses, exchange programs or presented posters/ oral presentations as well as published papers giving a total of 150 points



## Document to be filled out by the Chairman of the Training Institution Certification regarding the training of

, born on ,

working at the

since in view of obtaining ESHNR Diploma and the Fellowship Certificate of the ESHNR.

I hereby certify that has spent months  
(at least 8 months) of clinical activity in the field of head and neck.

I hereby certify that the above mentioned candidate has been involved in the following fields of the head and neck (minimum 5):

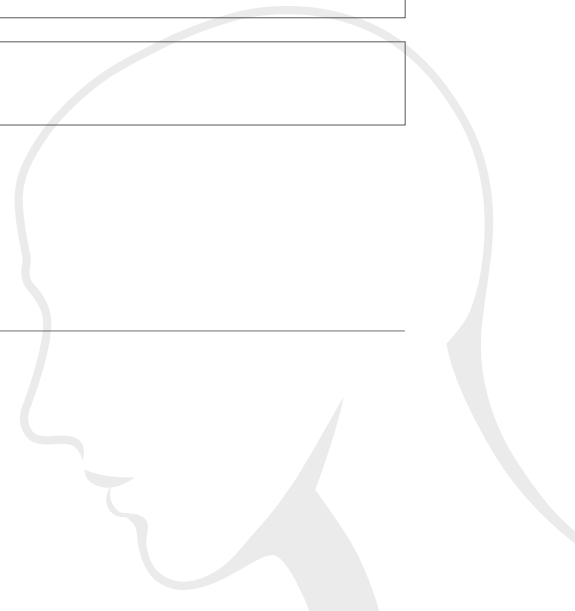
- |   |     |    |
|---|-----|----|
| 1. the petrous bone, the skull base and cranial nerves  | yes | no |
| 2. the orbit and visual pathways  | yes | no |
| 3. the sinuses, the face and the deep spaces of the suprahyoid neck                               | yes | no |
| 4. the oral cavity, the pharynx and the larynx  | yes | no |
| 5. the neck, including lymph nodes and its vasculature and the deep spaces of the infrahyoid neck | yes | no |
| 6. the salivary glands  | yes | no |
| 7. the mandible and temporomandibular joints  | yes | no |
| 8. the thyroid gland and the parathyroid glands, the thoracic inlet and the brachial plexus       | yes | no |

Name of Institution

Name of the Chairman

Signature

Date



## Payment

### Payment method: credit card payment only

Handling fee Diploma:                    400€ full members  
    800€ corresponding members

Visa Card    Mastercard

Name of cardholder
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Credit card no.	Expiry date
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Signature of the card holder

## General Terms and Conditions

### Accuracy of information

I herewith confirm the accuracy of the information provided.

### Terms of cancellation

No refunds can be provided if an applicant withdraws his/her application.

If a candidate cannot provide all entry criteria, his/her registration for the examination will be cancelled.

Candidates judged to have satisfied the entry criteria will be eligible to take the diploma examination.

**I herewith accept the Terms of Cancellation as indicated above.**

**Please note that no refunds can be provided if an applicant withdraws the application.**

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Signature

Date

