



### APPLICATION FORM 2018

Please fill in this form (type or write in block letters) and return it **before August 31, 2018** to:

UEMS/EBNM Office, Schmalzhofgasse 26, 1060 Vienna, Austria

Tel: +43-(0)1-890 44 27, Fax: +43-(0)1-890 44 27-9, E-mail: [office@uems.eanm.org](mailto:office@uems.eanm.org)

<b>CANDIDATE</b>	<input type="radio"/> Prof.	<input type="radio"/> Dr.	<input type="radio"/> Other title: _____
	<input type="radio"/> male	<input type="radio"/> female	
First name :	_____	Middle name:	_____
Family name:	_____		
Department:	_____		
Institute:	_____		
Street:	_____		
Post Code:	_____	City:	_____
Country:	_____	Email:	_____

**Country and date of the Nuclear Medicine National Board Certificate:**

\_\_\_\_\_

**Equivalence certifications / documents for countries which do not have NM as specialty title:**

\_\_\_\_\_

#### **ENCLOSURES**

- curriculum vitae [*with a list of training institutions including names of heads of department*]
- copies of certificates [*Specialist in Nuclear Medicine Certificate or Specialist Training Certificate*]
- detailed list of performed nuclear medicine procedures according to the Syllabus 2006/07
- detailed description of continuing medical education after national accreditation [*CME credits*]
- attestation of having successfully passed MCQ [*to be sent if applying for the oral examination only*]

#### **LIST OF REQUIRED PROCEDURES**

The candidate must have completed a minimum of 3,000 documented diagnostic & 100 therapeutic procedures. Please state the **number** for each procedure is as follows:

- a) Oncology \_\_\_\_\_
- b) Bone and joint \_\_\_\_\_
- c) Cardiovascular \_\_\_\_\_
- d) Endocrinology \_\_\_\_\_
- e) Neurology \_\_\_\_\_
- f) Respiratory system \_\_\_\_\_
- g) Urinary and GI tract \_\_\_\_\_
- h) Therapeutic procedures: \_\_\_\_\_

Fellowship Certificate of the European Board of Nuclear Medicine,  
Examination | October 12 - 13, 2018 | Düsseldorf, Germany



**SECTION and  
EUROPEAN BOARD OF  
NUCLEAR MEDICINE (EBNM)**  
*Working together for the future of Nuclear Medicine*



**REGISTRATION AND PAYMENT (tick appropriate box)**

- |                       |  |                       |       |
|-----------------------|--|-----------------------|-------|
| <input type="radio"/> | Registration fee for both <b>MCQ and oral examination</b> : EANM Member..... | <input type="radio"/> | 300 € |
| <input type="radio"/> | Registration fee for both <b>MCQ and oral examination</b> : Non-Member.....  | <input type="radio"/> | 500 € |
| <input type="radio"/> | Registration fee for <b>MCQ exam</b> only: EANM Member.....                  | <input type="radio"/> | 200 € |
| <input type="radio"/> | Registration fee for <b>MCQ exam</b> only: Non-Member.....                   | <input type="radio"/> | 300 € |
| <input type="radio"/> | Registration fee for <b>oral examination only</b> : EANM Member.....         | <input type="radio"/> | 150 € |
| <input type="radio"/> | Registration fee for <b>oral examination only</b> : Non-Member.....          | <input type="radio"/> | 225 € |
| <input type="radio"/> | Registration fee for <b>retakes</b> : .....                                  | <input type="radio"/> | 100 € |
| <input type="radio"/> | Registration fee for <b>postponing</b> : .....                               | <input type="radio"/> | 100 € |

**INSTRUCTIONS FOR PAYMENT**

**Bank transfer** to UEMS/EBNM bank account: (all charges for the ordering customer)

UEMS/EBNM account: **AISBL UEMS/S. NUCLEAR MEDICINE**  
Bank name: **BNP PARIBAS FORTIS**  
Address: **Montagne du Parc 3, 1000 Brussels, Belgium**  
IBAN code: **BE26 0016 8460 1929 EUR**  
SWIFT (BIC) code: **GEBABEBB**

**stating your name and payment purpose.**

**Cancellation:** Registration fees, less a 50,00 € processing fee, will be refunded if a written request is received by **August 31, 2018**.

For cancellations after that date **no refund** will be given. In case of postponing after August 31, 2018 the **postponing fee of € 100,00 will be added** to the regular fee.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_