

Fellowship Certificate of the European Board of Nuclear Medicine,
Examination | April 28-29, 2018 | Vienna, AT



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



BIOMEDICAL
IMAGING AND
THERAPY FOR
PERSONALIZED
HEALTHCARE

APPLICATION FORM 2018

Please fill in this form (type or write in block letters) and return it **before March 1, 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

CANDIDATE	<input type="radio"/> Prof. <input type="radio"/> Dr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Mr. <input type="radio"/> Other title: _____
sex:	<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: _____

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REGISTRATION AND PAYMENT (tick appropriate box)

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

INSTRUCTIONS FOR PAYMENT

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

Owner: **UEMS/Nuclear Medicine**
Bank name: **BNP PARIBAS BANQUE**
Address: **Montagne du Par 3, 1000 Brussels, Belgium**
IBAN code: **BE26 0016 8460 1929**
SWIFT (BIC) code: **GEBABEBB**

stating your name and payment purpose.

Cancellation: Registration fees, less a € 50,- processing fee, will be refunded if a written request is received by **March 1, 2018**

Minimum number of candidates: If less than 10 applications received by March 1, 2018, the session will be cancelled and application can be postponed to the October session 2018 in Düsseldorf, linked to the EANM annual congress. Notice will be given to registered candidates by Friday, March 9, 2018.

Date: _____ Signature: _____