



Fellowship Certificate of the European Board of Nuclear Medicine, MCQ only | ONLINE: open for access from September 12, 8am – September 13, 8am ORAL Examination: October 16, 2020 | Vienna, Austria

APPLICATION FORM 2020

Please fill in this form (type or write in block letters) and return it **by August 20, 2020** 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

O Prof. O Dr. O Mrs. O Ms. O Mr. O Other title:

CANDIDATE	3 F101. 3 1	DI. O IVII S. O IVIS. C	Wil. Other title.		
sex:	O male	O female			
First name:			Middle name:		
Family name:					
Department:					
Institute:					
Street:					
Post Code:			City:		
Country:			Email:		
Country and d		clear Medicine Nation			
country and u	ate of the Nuc	iear Medicine Nation	iai board certificate.		
			wise which do not have \$186 as an eight stale.		
Equivalence certifications / documents for countries which do not have NM as specialty title:					
ENCLOSURES O curricu	ulum vitae [<i>wit</i>	th a list of training ins	titutions including names of heads of department]		
O copies	of certificates	[Specialist in Nuclear	Medicine Certificate or Specialist Training Certificate]		
	•		ne procedures according to the Syllabus 2006/07		
	•		I education after national accreditation [CME credits] MCQ [to be sent if applying for the oral examination only]		
LIST OF REQUI	_				
			um of 3,000 documented diagnostic & 100 therapeutic		
		number for each pro	•		
a) Oncology					
b) Bone and jo	int				
c) Cardiovascu	lar				
d) Endocrinolo	gy				
e) Neurology _					
f) Respiratory	system				
h) Therapeutic	procedures: _				





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REGIS	STRATION AND	<u>PAYMENT</u>			
O	Registration	€ 100,00			
O	•	fee for MCQ online Exam and oral in Vienna, October 16, 2020 ation for oral exam after passing MCQ online is possible.)	€ 500,00		
O	Registration	fee for oral Exam in Vienna, October 16, 2020	€ 400,00		
O	O R	fee for retakes : etake MCQ online etake ORAL	€ 100,00		
O	Registration	fee for postponing :	€ 100,00		
for ta	king the oral ex		oart, please get in touch		
Bank	transfer to UEN	MS/EBNM bank account: (all charges for the ordering customer)			
Owner: Bank name: Address: IBAN code: SWIFT (BIC) code:		UEMS/Nuclear Medicine BNP PARIBAS BANQUE Montagne du Par 3, 1000 Brussels, Belgium BE26 0016 8460 1929 GEBABEBB			
Pleas	e state your na	me and payment purpose.			
Canco	_	lation: Registration fees, less a € 50,- processing fee, will be refunded if a written request is received by <u>August 20, 2020</u>			
Date:		Signature:			