



## Fellowship Certificate of the European Board of Nuclear Medicine

**Examination: MCQ and ORAL - IN PERSON**

**MCQ Exam: October 3<sup>rd</sup> (morning), 2025**

**ORAL Exam: October 3<sup>rd</sup> and October 4<sup>th</sup>, 2025**

[Both parts of the FEBNM 2025 Exam will be onsite during the EANM'25 congress in Barcelona !](#)

## APPLICATION FORM 2025

Please fill in this form (type or write in block letters) and return it **by May 02, 2025** 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><u>CANDIDATE</u></b>	<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:**

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

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**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: \_\_\_\_\_

**REGISTRATION AND PAYMENT**

- Registration fee for MCQ Exam only  
..... € 250,00
- Registration fee for MCQ Exam and Oral Exam  
..... € 600,00

We only have a limited number of seats for the Oral Exam. It is a first come, first serve principle! Therefore, if you only register for the MCQ and decide later on that you want to participate in the Oral Exam as well, we cannot guarantee that there will be a seat available for you.

**INSTRUCTIONS FOR PAYMENT**

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

Owner: **UEMS/Nuclear Medicine**  
Bank name: **BNP PARIBAS FORTIS (BANQUE)**  
Address: **Montagne du Parc 3, 1000 Brussels, Belgium**  
IBAN code: **BE26 0016 8460 1929**  
SWIFT (BIC) code: **GEBABEBB *or* GEBABEBBXXX** (*depending on if asked for 8 or 11 digits*)

**Please state your name and payment purpose.**

**Cancellation:** Registration fees, less a € 50,- processing fee, will be refunded if a written request is received by **May 11<sup>th</sup>, 2025**. Afterwards the cancellation fee will increase over time (see website).

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

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