

European Society of Thoracic Imaging

EUROPEAN DIPLOMA IN THORACIC IMAGING APPLICATION FORM FOR EXAMINATION

Please send your application via email (office@myesti.org) to the ESTI Office.

PERSONAI	L INFORMATIO	N		
Gender	□male	☐ female		
Academic title				
First name				
Last name				
Date of birth (I	DD MM YYYY)			
CONTACT	INFORMATION			
Hospital				
Department				
Head of depar	tment			
Street				
ZIP		City		
Country				
Phone			Fax	
Email				
Retype email				



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ENTRY CRITERIA
Training in Radiology
\Box I confirm to have least five (5) years of national training in radiology and I herewith attach the respective proof/certificate.
☐ For candidates with less than five years of training, a proof of experience as a supervised staff radiologist is required. I herewith attach the same.
Subspecialty training
□ I confirm to have at least two (2) years of subspecialty training or equivalent experience, following radiology certification. A subspecialty training during the residency period does not fulfil the training requirement for a diploma. I herewith attach a signed letter from the head of department/programme director.
Proof of practice
\square I herewith provide a proof of practice.
RIS documentation/Logbook
☐ I herewith attach a total record of my experience in thoracic imaging countersigned by the programme director (at least two years subspecialty clinical practice/training certified by the programme director).
Letter of support
\square I herewith provide a letter of support from the head of department/programme director.
CME credits
\Box I confirm to have at least 50 CME credits in thoracic imaging and herewith attach the respective proof(s).
Curriculum vitae
\square I herewith provide a CV.
ESTI and ESR membership
☐ I confirm being member of ESTI (European Society of Thoracic Imaging) and member of ESR (European Society of Radiology) in good standing (full or corresponding member) in the year(s) of application and examination.
Events
☐ I confirm that I have attended a minimum of three (3) ESTI annual meetings in five (5) years prior to the examination and herewith

Webinars/Workshops

attach the respective confirmations of attendance.

ESTI recommends to attend its webinars and workshops to get continuous education and training for the diploma.

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Please note that no refunds can be provided if an applicant withdraws his/her application.

Signature

Please send your application via email (office@myesti.org) to the ESTI Office.

credit card payment only

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Payment method:

Location, Date

Handling fee:	Euro 400.00 Full Member Euro 600.00 Corresponding Member
After approval you will	receive an autorisation form to indicate your credit card details.
CENEDAL TEDM	AND CONDITIONS
GENERAL TERM	IS AND CONDITIONS
Accuracy of information	on and the state of the state o
\square I herewith confirm th	ne accuracy of the information provided.
Terms of cancellation	
·	rided if an applicant withdraws his/her application.
·	rovide all entry criteria, his/her registration for the examination will be cancelled. ave satisfied the entry criteria will be eligible to take the diploma examination.
• •	ves the right to decline your application without stating its reason.
$\hfill\Box$ I herewith accept th	e terms of cancellation as indicated above.