

European Society of Thoracic Imaging

# EUROPEAN DIPLOMA IN THORACIC IMAGING

## APPLICATION FORM FOR EXAMINATION

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

### PERSONAL INFORMATION

Gender  male  female

Academic title

First name

Last name

Date of birth (DD | MM | YYYY)

### CONTACT INFORMATION

Hospital

Department

Head of department

Street

ZIP

City

Country

Phone

Fax

Email

Retype email

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#### **ENTRY CRITERIA**

##### **Training in Radiology**

- 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**

- 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 of subspecialty clinical practice/training certified by the programme director).

##### **Letter of support**

- I herewith provide a letter of support from the head of department/programme director.

##### **CME credits**

- I confirm to have at least 50 CME credits in thoracic imaging and herewith attach the respective proof(s).

##### **Curriculum vitae**

- 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 attach the respective confirmations of attendance.

##### **Webinars/Workshops**

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

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### PAYMENT

Payment method: credit card payment only  
Handling fee: Euro 430.00 Full Member  
Euro 630.00 Corresponding Member

After approval you will receive an autorisation form to indicate your credit card details.

### GENERAL TERMS AND CONDITIONS

#### Accuracy of information

I herewith confirm the accuracy of the information provided.

#### Terms of cancellation

No refunds can be provided if an applicant withdraws his/her application.  
If a candidate cannot provide all entry criteria, his/her registration for the examination will be cancelled.  
Candidates judged to have satisfied the entry criteria will be eligible to take the diploma examination.  
Please note, ESTI reserves the right to decline your application without stating its reason.

I herewith accept the terms of cancellation as indicated above.

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

Location, Date	Signature
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