ESMRMB Certificate of MR Excellence

Application Form



Please mail to:

ESMRMB Office Neutorgasse 9/2a AT - 1010 Vienna office@esmrmb.org

The ESMRMB certificate of MR excellence honours physicians and scientists who have made a significant contribution to the field of MR

to the field of MR.		
Please choose one of the following ce ☐ (a) clinical certificate of excellence ☐ (b) basic science certificate of excellence ☐ (c) educational certificate of excellence	се	pply for:
Personal Data		
\square Prof. \square Dr. \square Mr. \square Mrs. \square Ms.	Date of Birth (dd/mm/yyyy)*:	□ Female □ Male
First Name*:	Family Name*:	
Hospital*:		
Institution:	Department:	
Street/no.*:		
City*:	Postal Code*:	Country*:
Phone:	Fax:	
E-mail*:		
ESMRMB PersonaliD*:		
Profession*: □ radiologist □ nuclear me	edicine 🗆 clinical science, physician 🗆 ba	asic science, physicist
□ of other profession		
Documents The following documents are attached	I to my application	
clinical certificate of excellence, category (a)	basic science certificate of excellence, category (b)	educational certificate of excellence, category (c)
☐ Curriculum Vitae including a list of publications	☐ Curriculum Vitae including a list of publications	Curriculum Vitae including a list of publications
☐ A copy of my diploma (board certification)	☐ A copy of my diploma (PhD degree)	 Proof of at least 10 MR related presentations at international conferences and at least 5 educational presentations
 2 signed recommendation letters by active ESMRMB regular members 	☐ 2 signed recommendation letters by active ESMRMB regular members	 ☐ A copy of my diploma (board certification, PhD degree)
		 2 signed recommendation letters by active ESMRMB regular members
Incomplete applications will not be taken	into consideration.	
Application process ☐ I hereby accept the conditions of the a	pplication process as stated on the ESM	RMB website.
Payment Payment of the fee of € 200 can be made either by bank transfer or by credit card. Further details will be provided by the ESMRMB after the application process is completed. Payment is only required in case your application is accepted.		
Date	.Signature	