



European Board of Radiology, S.L.U.
Passeig de Gràcia 86, Àtico
08008 Barcelona
SPAIN

(Name and address of applicant:)

ESR Personal ID: _____

To: EBR Office
Paseo de Gracia, 86 9ª Planta
08008 Barcelona ESPAÑA
diploma@myebr.org

Date: _____

Proof of Practice Years

This is to certify that

(Title:) _____ (First Name:) _____ (Last Name:) _____

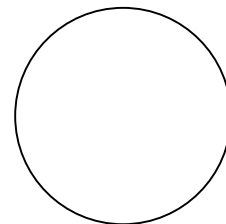
has been working as supervised staff radiologist in this hospital / institution from _____ to _____.

Name and address of hospital / institution:

Street

Zip Code City Country

Official stamp of hospital/institution:



Name and function of undersigned in block letters
(Authorized representative of department/hospital/institution)

Signature of authorized representative