

(Name and address of applicant:)

ESR Personal ID: \_\_\_\_\_

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To: European Board of Radiology (EBR)  
[diploma@myebr.org](mailto: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:**

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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