



(Name and address of applicant:)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_

## Proof of Profession

This is to certify that

(Title:) \_\_\_\_\_ (First Name:) \_\_\_\_\_ (Last Name:) \_\_\_\_\_

is currently working as fully qualified staff radiologist in this hospital / institution.

### 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