



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 Training

This is to certify that

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

- is currently in his/her **last year** of residency in the nationally accredited radiological training programme.
- has finalised his/her residency in the nationally accredited radiological training programme.

Please also indicate:

The duration of the complete training programme was / is _____ years.

Date of completion of training: _____ (expected date of completion of training in case is not complete)

Select the issuing body:

- training institution
- other, please indicate: _____

Name and address of national body/institution:

Street

Zip Code City Country

Official stamp of national body/institution:

Name and function of undersigned in block letters
(Authorized representative of national body/institution)

Signature of authorized representative