



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

(Name and address of applicant:)

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

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To: EBR Office  
Paseo de Gracia, 86 9ª Planta  
08008 Barcelona ESPAÑA  
[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:

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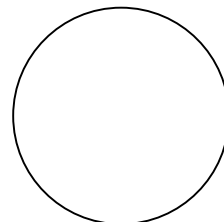
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Street

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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