



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 Training

This is to certify that

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

is currently in his/her **fifth year** of residency in the nationally accredited radiological training programme.

has finalised his/her residency in the nationally accredited radiological training programme.

The duration of the complete training programme was / is \_\_\_\_\_ years. (please indicate duration)

He / She is expected to complete her training \_\_\_\_\_ (expected date of completion of training)

Select the issuing body:

training institution

other, please indicate: \_\_\_\_\_

**Name and address of national body/institution:**

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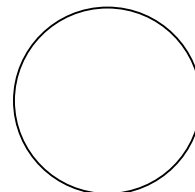
Street

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