



PROOF OF IR EXPERIENCE / PROCEDURES for entry to the EBIR exam

General Information:

In order to qualify for the European Board of Interventional Radiology (EBIR), applicants have to prove their IR experience by stating the amount of IR procedures they have done.

Every applicant is requested to submit a filled in and signed Proof of IR Experience Form and upload it during the online application process in the myCIRSE area.

The minimum qualifications required for entry to the examination are the following:

The applicant should have experience as first operator performing at least 250 IR procedures, 150 of which have to be interventions according to chapter 2.2.1 Vascular Diagnosis and Intervention of the European Curriculum and Syllabus for Interventional Radiology.

Signature:

To back up the applicants' claim, the document must be co-signed by a responsible authority.

The document can be signed by the following persons:

- IR Programme Director
- Head of Radiology Department
- Fellowship Supervisor
- Senior IR Colleague

Reservations:

The EBIR Examination Committee reserves the right to request a complete and properly filled in logbook at any time.

Should the information on the form be incorrect and the EBIR is acquired under false pretences, CIRSE reserves the right to deprive the candidate of the title.



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Candidate Data:

Title	First name	Last name
CIRSE Member's ID		
Period of practice from		until

I confirm that I have performed at least 250 IR procedures as first operator, 150 of which have been interventions according to chapter 2.2.1 Vascular Diagnosis and Intervention of the European Curriculum and Syllabus for Interventional Radiology.

In order to better understand the training situation in your hospital, please indicate:

Total number of IR procedures in your hospital:

I hereby confirm the correctness of the above stated information and that I have read and understood the information provided on page 1 of this document.

Signature Candidate: _____

To be signed by responsible authority:

I certify that this candidate has completed the procedures indicated.

Name and title of signee:

Contact details signee:

Institution:

Function (please see page 1):

Email-address:

Telephone number:

CIRSE Member ID (if available):

Date: _____ **Signature:** _____