



EUROPEAN SOCIETY OF NEURORADIOLOGY

DIAGNOSTIC AND INTERVENTIONAL

Please fill out the document, scan it and upload it during the application process

Title:

First name(s):

Last name(s):

Country:

Date of Birth:

Date:

Proof of Profession

This is to confirm that

..... (Title, First name, Last name)
works as a Neuroradiology/Radiology resident at my department/hospital.

I hereby inform the Membership Committee that the above mentioned person:

- Is currently in training in my department*
- Has completed his/her training and is fully qualified in his/her specialty

*ECNR courses cannot be considered as training in Neuroradiology

I acknowledge that the European Society of Neuroradiology may request additional documents, at any time.

Yours sincerely,

..... (Stamp, Signature, Name)
Course Director, Head of Department and/or University