



**Certificate of Fellowship
of the European Board of Nuclear Medicine**

APPLICATION FORM 2009

Please fill in this form (type or write in block letters) and return it **before April 1, 2009** to:
UEMS/EBNM - EANM Executive Secretariat, Hollandstrasse 14/Mezzanine, A-1020 Vienna, Austria
Tel: +43-(0)1-212 80 30, Fax: +43-(0)1-212 80 30-9, E-mail: office@uems.eanm.org, URL: <http://uems.eanm.org>

CANDIDATE

Prof. Dr. Mrs. Ms. Mr. Other title: _____

First name : _____ Middle name: _____

Family name: _____

Department: _____

Institute: _____

Street: _____

Post Code: _____ City: _____

Country: _____ Phone: _____

Fax: _____ Email: _____

Country and date of the National Board Certificate: _____

LANGUAGE

I have difficulties with oral expression in English
and I request the presence of an **additional examiner familiar with my language**, which is:

ENCLOSURES

- curriculum vitae [*with a list of training institutions including names of heads of department*]
- copies of certificates [*Specialist in Nuclear Medicine Certificate or Specialist Training Certificate*]
- detailed list of performed nuclear medicine procedures according to the Syllabus 2006/07
- detailed description of continuing medical education after national accreditation [*CME credits*]
- attestation of having successfully passed MCQ [*to be sent if applying for the oral examination only*]

REGISTRATION AND PAYMENT (tick appropriate box)

- Registration fee for both **MCQ and oral examination**: 300 €
- Registration fee for **MCQ exam only**: 200 €
- Registration fee for **oral examination** [year when MCQ was passed: _____] 150 €

FORM OF PAYMENT:

Bank transfer to UEMS/EBNM bank account: (all charges for the ordering customer)
Die ERSTE Bank, Taborstraße 26, A-1020 Vienna, Austria,
Account no: 281 200 399 01, **Sorting Code:** 20111, **IBAN:** AT33 20111 281 200 399 01, **BIC:** GI BA AT WW
stating your name and payment purpose. Please make any transfer free of charge for the beneficiary.

Credit Card: American Express Visa Master Card

CC number: _____

Exp. Date: ____ / ____

Name of Cardholder: Signature:

Cancellation: Registration fees, less a 30 € processing fee, will be refunded if a written request is received by April 30, 2009

Date: _____

Signature: _____