



ESMRMB Certificate of MR Excellence Application Form

The **ESMRMB Certificate of MR Excellence** honours physicians and scientists who have significantly contributed to education or clinical or basic science within the field of MR.

I would like to apply for:

- Clinical Certificate of MR Excellence**
- Basic Science Certificate of MR Excellence**
- Educational Certificate of MR Excellence**

Personal Details:

Prof. Dr. Mr Mrs Ms.

First name: Last Name:

Date of Birth: Male Female

Institution:

Address:

City: Postcode:

Country:

E-mail: Phone:

Primary professional field:

- Radiology Nuclear Medicine
- Clinical Science Basic Science
- Other:

I have attached the following documents to my application:

- CV (including details of publications or presentations to meet the relevant certificate criteria)
- Copy of Diploma
- Signed recommendation letter from an ESMRMB member

I accept the terms and conditions of the application process as stated on the ESMRMB website.

Payment:

If my application is successful, I agree to pay an administration fee of €20.00 by bank transfer or credit card to the ESMRMB.

Further details will be provided by the ESMRMB upon notification of a successful application. Please send your application and documents to: office@esmrmmb.org

Signature: Date: