

Please include this document in your application

Personal ESR ID:

Date:

PROOF OF RESIDENT STATUS

This is to confirm that

(Academic Title) (First Name) (Last Name)

is in his/her _____ year of residence training at my department/hospital.

This document is issued for the purpose of applying for an ESOR training programme in 2023.

Yours sincerely,

Full name and signature
by head of department or hospital

Official stamp of your
department or hospital

ESOR Office
European Society of Radiology
Am Gestade 1 | 1010 Vienna
Austria
Phone: +43-1-533 40 64-535
esor@myesr.org

ZVR: 083757049
VAT: ATU65092507

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ESNR European Course of Neuroradiology

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