



CCINR

CONJOINT COMMITTEE FOR RECOGNITION OF
TRAINING IN INTERVENTIONAL NEURORADIOLOGY

Supervisor Declaration

I, *(printed name and address of person making the declaration)* _____

make the following declaration:

1. I have read and understand the information on the CCINR website regarding application to CCINR, and have read the *Conjoint Committee Guidelines for Recognition of Training in Interventional Neuroradiology*.
2. I confirm that I meet the requirement to be credentialed as an INR Supervisor, as set out in Section 5 of the CCINR Guidelines.
3. I understand and accept that the Conjoint Committee INR may contact me directly about the applicant
4. I certify that the statements and information provided by me in support of this application are true in every particular, and that information on case numbers and operator participation is verifiable by Departmental records.

Signature of person making the declaration

Date