

Application for Conversion of Level A to Level B CTCA Specialist Recognition

To facilitate the application process, applicants should refer to the current version of the *Conjoint Committee for the Recognition of Training in CT Coronary Angiography Training Requirements for CTCA Specialists* and *Guidelines for the Conversion from Level A CTCA Specialist Recognition to Level B CTCA Specialist Recognition* before completing this form. These are available from www.anzctca.org.

Applications for recognition of training and any related appeals are assessed by the CTCA Conjoint Committee, made up of representatives from:

- The Australian and New Zealand Association of Physicians in Nuclear Medicine
- The Cardiac Society of Australia and New Zealand
- The Royal Australian and New Zealand College of Radiologists

The application fee for Recognition of Training (Level A or Level B) is \$330.00 (incl. GST)

Applicants are advised to submit applications only after careful consideration of the requirements. Applications that fail to satisfy the requirements will be subject to a resubmission fee of \$330.00 (incl. GST). Applications that fail random audit will not be considered for resubmission for a period of twelve months at which time the full application fee will apply. Please note that applications will not be processed until payment is received. Further information is available from www.anzctca.org

Please send your completed application form, any supporting documentation, and your application fee (full details on page 4) to:

The Executive Officer
Conjoint Committee for Recognition of Training in CTCA
c/- Royal Australian and New Zealand College of Radiologists
Level 9, 51 Druitt Street
SYDNEY NSW 2000

Applications may be submitted electronically to: admin@anzctca.org

Applications may be submitted via facsimile to: +612 9268 9799

Grandfathering arrangements for CTCA specialist recognition

Grandfathering arrangements for recognition of CTCA specialists are expected to be in place until 30 November 2010. After this date, general requirements set out in Section 2 of the current version of the *Conjoint Committee for the Recognition of Training in CT Coronary Angiography Training Requirements for CTCA Specialists* will be mandatory for registration.

Section One: Personal details (Please print)

Full Name:

Email:

Phone: **Mobile:**

Address:

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Section Two: Application for Recognition of Training in CTCA

(Please tick applicable)

CTCA Specialist Recognition:		Required Evidence:	
Are you already registered as a Level A CTCA Specialist?		Letter from the Conjoint Committee confirming Level A CTCA Specialist recognition	

Applicants must provide documentary evidence of at least 150 CTCA examinations, through a logbook, RIS records and/or SCCT accreditation.

Declaration of Cases

	Please enter data here	Requirements for Conversion from Level A to Level B	Documentation provided (please tick)
Total CTCA cases:		Level A Registration Cases + 150 cases within past 5 years	
Total live scanning cases: Cases personally performed where specialist is physically present for all exam components: consulting patient, observing image acquisition, intervening in acquisition if required, interpretation from raw data. Video cases are NOT live cases		100 cases	
Total live scanning cases achieved through CTCA course:		25 cases maximum	
Recertification Requirements:			
Correlated		Pro rata 30 over 3yrs	
Live		Pro rata of minimum 200 over 3yrs	
Library		Pro rata of maximum of 100 over 3yrs	

Please note:

1. SCCT Level 3 accreditation will contribute 200 library cases and 50 live cases.
2. SCCT accreditation must certify the number of live (SCCT Category A) cases; "Taped live cases" (SCCT Category A1) do not qualify as 'live' cases.
3. Where claimed cases were achieved in a course setting, the course certification must certify the number of cases, and whether they were live or library cases.
4. Minimum information to be provided in a RIS report or logbook is: Date, Unique Episode Number (or Patient Initials and Unique Patient ID), Facility and Reporting Doctor, and whether a case is a live or library case. Candidates may use the [CTCA Logbook Template – Applicant](#) to document any or all of their cases.
5. Calcium scoring cases do not qualify.
6. Logbooks may be subject to a random audit.
7. Once registered, CTCA specialists are required to provide additional logbook information in the *CTCA Logbook Template – Recertification*.

Section Four: Declaration

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

make the following declaration:

1. I have read and understand the instructions on page 1 of this application, and the information in the *Conjoint Committee for the Recognition of Training in CT Coronary Angiography Training Requirements for CTCA Specialists*.
2. The information contained in this application form is accurate and complete, as is the supporting material provided.
3. I understand and accept that the CTCA Conjoint Committee may contact a facility, course convener or Level B CTCA Specialist declared in my logbook in order to confirm my declared CTCA activity.
4. I agree that should my application be successful, the CTCA Conjoint Committee will publish my CTCA Accreditation status on the CTCA Conjoint Committee website, and provide advice of my CTCA Registration status to Medicare Australia (applies to applicants who provide a Medicare Provider number only).
5. I agree that upon being recognised by the CTCA Conjoint Committee as either a Level A or Level B CTCA Specialist I will be required to meet minimum ongoing competency and Continuing Professional Development requirements in order to retain such recognition.

I certify that the statements and information provided in this application are true in every particular.

.....
Signature of person making the declaration

.....
Date

Section Five: Payment

Application Fee

\$330.00 (incl. GST) for Australian and New Zealand applicants

I enclose my (please circle): American Express/Visa/Mastercard/Diners Club details for payment in the amount of \$.....

Per Card Number:

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Name on Card: _____

Expiry Date: _____

Cardholder's Signature: _____

Address: _____

UPON PAYMENT THIS FORM BECOMES A TAX INVOICE

The Conjoint Committee for the Recognition of Training in CT Coronary Angiography
Royal Australian and New Zealand College of Radiologists
Level 9, 51 Drutt Street
SYDNEY NSW 2000
ABN 37 000 029 863