



## Application for Recognition of Training in CT Coronary Angiography (CTCA)

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* before completing this form. These are available from [www.anzctca.org.au](http://www.anzctca.org.au)

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

- The Australasian Association of Nuclear Medicine Specialists (AANMS)
- The Cardiac Society of Australia and New Zealand (CSANZ)
- The Royal Australian and New Zealand College of Radiologists (RANZCR)

The application fee for Recognition of Training (Level A or Level B) is \$825.00 (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 \$425.00 (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.au](http://www.anzctca.org.au)

Please send your completed application form, supporting documentation, and your excel logbook to:

**The CTCA Conjoint Committee Secretariat**  
[ctca@ranzcr.com](mailto:ctca@ranzcr.com)

**Logbooks must be submitted electronically in the [certification logbook template](#). If you wish to send the application form and remaining supporting documentation (excluding the logbook) as hard copy, you may send to the following address:**

**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**

## Section One: Personal details

(Please print)

Full Name: .....

Email: .....

Phone: ..... Mobile: .....

Address: .....

.....

Medicare Provider Number .....

(This is required for all Specialists seeking to provide Medicare eligible CTCA services in Australia)

## Section Two: Specialist Qualifications

(Please tick applicable)

Specialty:

Checklist of Required Evidence you have provided:

Cardiology

☐

Relevant Australian Medical Board or NZ Medical Council  
Registration

☐

Nuclear Medicine

☐

Radiology

☐

Specialty Recognition\*

☐

### \* Required Evidence of Specialty Recognition:

#### Cardiologists:

1. Evidence of Fellowship of the Royal Australasian College of Physicians; AND
2. Evidence of Ordinary Membership / Fellowship of CSANZ, OR proof of completion of Cardiology Training from RACP / CSANZ.

#### Nuclear Medicine Physicians:

1. A copy of their Medicare / HIC letter of recognition as a consultant physician in nuclear medicine or "confirmation of status" letter; OR
2. A copy of their letter of credentialling (or re-credentialling) for nuclear medicine by the Joint Nuclear Medicine Credentialling & Accreditation Committee (JNMCAC) of the RACP and the RANZCR.

#### Radiologists:

Evidence of RANZCR affiliation by way of:

1. Fellowship; OR
2. Educational Affiliate Membership and specialist medical registration and/or vocational scope of practice in the relevant jurisdiction.

(Please tick)

Application for Recognition as a CTCA Specialist (Level A)

☐

OR

Application for Recognition to Provide Training in CTCA  
(Level B)

☐

## Section Three: Application for Recognition of Training in CTCA

Successful applicants must provide evidence of relevant **course work** and **case work**.

### Part I - Course work

Please provide information about relevant CTCA courses or supervised training carried out in a practice setting you have completed. Applicants **MUST** include a copy of all completion certificates.

Course Provider 1	
Date attended	
Certificate of completion provided (mandatory)	YES NO
Total course hours	
Total interactive training hours	

Course Provider 2	
Date attended	
Certificate of completion provided (mandatory)	YES NO
Total course hours	
Total interactive training hours	

Course Provider 3	
Date attended	
Certificate of completion provided (mandatory)	YES NO
Total course hours	
Total interactive training hours	

Course Provider 4	
Date attended	
Certificate of completion provided (mandatory)	YES NO
Total course hours	
Total interactive training hours	

### Course work summary

	Please enter summary data from course details above	Requirements	Documentation Provided ( <i>please tick</i> ) NB: Course Supervision must be by a Level B specialist/s or equivalent
Total hours course work / supervised training		40 hours minimum	
including total hours interactive ('hands on') workstation training		20 hours minimum ( <u>included</u> in the 40hrs)	

## Part II - Case work

Applicants must provide documentary evidence of at least 150 CTCA examinations. All cases must be submitted in the [certification logbook template](#).

PLEASE NOTE:

1. SCCT Level 2 Accreditation will contribute 100 Library Cases and 25 Live Cases, and must be supplemented by a logbook of an additional 25 Live Cases documented in the CTCA certification logbook. SCCT Level 3 accreditation will contribute 200 Library Cases and 50 Live Cases, and must be supplemented by a logbook of 50 live cases documented in the CTCA certification logbook. Live cases declared as non-course live cases which are performed contemporaneous to a course will not be accepted.
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 the applicant has completed a Level 2 or Level 3 course but not obtained SCCT accreditation, ALL course cases must be documented in the CTCA certification logbook and appropriately categorised.
4. Where claimed cases were achieved in a course setting, the course certification must also certify the number of cases, and whether they were live or library cases.
5. Calcium scoring cases do not qualify.
6. Logbooks may be subject to a random audit.
7. From 1 December 2010, cases must be attested by a currently registered Level B CTCA Specialist (at the time the cases were supervised). For casework undertaken overseas, cases must be attested by a SCCT Level 3 accredited physician or equivalent.
8. Once registered, CTCA specialists are required to provide additional logbook information in the *CTCA Logbook Template – Recertification*.

	Please enter data here	Requirements for Level A	Requirements for Level B	Level B Supervisor Verification (Please tick)	Documentation provided (please tick)
<b>Total CTCA cases:</b>		150 cases within past 3 years	300 cases within past 3 years		
<b>Correlated*</b>		50	80		
<b>Non-coronary Findings</b>		25	25		
<b>Non-cardiac Findings</b>		25	25		
<b>Total live scanning cases:</b> 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		50 cases	100 cases		
<b>Total live scanning cases achieved through CTCA course</b>		25 cases maximum	50 cases maximum <sup>1</sup>		

\*Cases where correlation is achieved through audit by coronary angiography/ stress echo/nuclear MPS and/or through clinical follow-up with referring medical practitioner/ multidisciplinary team.

<sup>1</sup> The total number of live scanning cases from a course that will be recognised for Level B assessment includes 25 live scanning cases from a CTCA course for Level A and a further 25 live scanning cases from a course for Level B.

## 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

All payments to the College from individuals are made online via our online portal, MyRANZCR. You will receive an email notification when your invoice is ready for payment.

If you are not a member of RANZCR you will be sent an activation link for MyRANZCR where you will be able to log in and pay your invoice.