



## 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](http://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 \$605.00 (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](http://www.anzctca.org).

Please send your completed application form, any supporting documentation, and your application fee (full details on page 5) to:

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

**Applications may be submitted electronically to: [ctca@ranzcr.edu.au](mailto:ctca@ranzcr.edu.au)**  
**(Please note; to email an electronic version of this application, the document should be saved under a different title. e.g. your name).**

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

## 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 (or eligibility for Education Affiliate Membership)
3. Successful Area of Need or Overseas Trained Specialist assessment.

(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<br>( <i>please tick</i> )<br>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<br>( <u>included</u> in the 40hrs) |  |

## Part II - Case work

Applicants must provide documentary evidence of at least 150 CTCA examinations.

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.
3. 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><br>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.<br>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> |   |                                      |

<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.

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## 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

### PAYMENT OF APPLICATION FEE

**TAX INVOICE**  
**ABN 37 000 029 863**

**FAMILY NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

#### APPLICATION FEE

AUD\$605.00 (incl. Australian GST)

#### CREDIT CARD PAYMENTS

Please debit  Visa  Mastercard  Diners Club  American Express

for payment to the amount of **AUD\$** \_\_\_\_\_

Card number:

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Expiry Date:

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Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

#### CHEQUE PAYMENTS

I enclose my cheque for payment in the amount of **AUD\$** \_\_\_\_\_

*Please note that cheques must be drawn in Australian dollars from an account within Australia and made payable to "The Royal Australian and New Zealand College of Radiologists" or "RANZCR". Cheques in New Zealand dollars will not be accepted.*

### THIS BECOMES A TAX INVOICE UPON PAYMENT

| COLLEGE USE ONLY |                        |
|------------------|------------------------|
| Member ID: _____ | Batch No.: _____       |
| Initial: _____   | Transaction No.: _____ |
| _____            | Date processed: _____  |

RANZCR, Level 9, 51 Druiitt Street, Sydney NSW 2000, Australia Ph: +61 2 9268 9777 Fax: +61 2 9268 9799