



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

To facilitate the application process, applicants are advised to refer to the current version of the recertification criteria set out in the [Training Requirements for CTCA Specialists](#) by the Conjoint Committee for the Recognition of Training in CT Coronary Angiography before completing this form. Revised recertification criteria were published in May 2014. This document is available from [www.anzctca.org.au](http://www.anzctca.org.au)

Recertification applications and any related appeals are assessed by the CTCA Conjoint Committee, made up of representatives from:

- The Australasian Association of Nuclear Medicine Specialists
- The Cardiac Society of Australia and New Zealand
- The Royal Australia and New Zealand College of Radiologists

The recertification application fee for Recognition of Training (Level A or Level B pathways) is \$330.00 (incl. GST). Please note that applications will not be processed until payment is received.

Applicants are advised to submit applications only after careful consideration of the requirements. CTCA Specialists that are unable to satisfy the requirements within this time period will be removed from the CTCA Register and for Australian Registered Specialists Medicare Australia will be advised of their revised registration status.

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.

Further information is available from [www.anzctca.org.au](http://www.anzctca.org.au)

Please send your completed recertification application form, any supporting documentation, your recertification logbook, and your application fee (full details on page 6) to:

**The CTCA Conjoint Committee Secretariat**

[ctca@ranzcr.edu.au](mailto:ctca@ranzcr.edu.au)

Logbooks *must* be submitted electronically in the [recertification 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 Drutt Street  
SYDNEY NSW 2000

## Section One: Personal details

(Please print)

Full name: .....

Email: .....

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

Address: .....

.....

.....

<b>Glossary of Terms</b>	
Live cases	<p>Cases where the Registered CTCA Specialist is one of up to two reporting registered CTCA specialists, and is readily available to influence the conduct of the examination, by personal attendance if necessary. The CTCA Specialist's name must appear on the report for each live case claimed by the CTCA Specialist for recertification.</p> <p>The Conjoint Committee does not recognise video/taped (SCCT Category A1) cases as live.</p> <p>Live cases declared as non-course live cases which are performed contemporaneous to a course will not be accepted.</p>
Library Cases	<p>Blind cases with correlation, worked up on a workstation from raw data</p> <p>Library cases submitted for Recertification must be substantiated by a summary report which includes as a minimum: Date of scan, Date of review, Unique Identifier (common to both the logbook and the report), and a Summary of basic/relevant findings. This information must be submitted using the <a href="#">Conjoint Committee Library Case Report Template</a>.</p>
CTCA Course	Structured course delivering certified training in the performance and interpretation of CTCA examinations (such as SCCT accredited courses).
Practice Setting	Structured, formally recognised cardiac or cardiothoracic imaging fellowship program which includes didactic education in CTCA.
Cardiac CT CPD	Conferences, meetings or refresher courses pertaining solely to Cardiac CT demonstrated by certification of participation (as a minimum, proof of registration accompanied by the program with identification of which sessions were attended).
Correlation	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.

## Section Two: CTCA Specialist Recognition

(Please tick applicable)

	Pathway 1 Recertification		Pathway 2 Recertification	
<b>Level A Specialists</b>	I am applying for Level A Recertification through Pathway 1		I am applying for Level A Recertification through Pathway 2	
<b>Level B Specialists</b>	I am applying for Level B Recertification through Pathway 1		I am applying for Level B Recertification through Pathway 2	
	<b>Pathway 1 applicants Go to Section 3</b>		<b>Pathway 2 applicants go to Section 4</b>	

## Section Three: Application for Recertification of CTCA Registration – Pathway 1

Applicants must provide evidence of **case experience**. Please complete the table below.

	Please enter data summary here	Requirements for Level A (pathway 1)	Requirements for Level B (pathway 1)
<b>Total CTCA cases:</b>		300 examinations within the past 3 years	600 examinations within the past 3 years
<b>Live</b>		200 minimum	400 minimum
<b>Library</b>		100 maximum	200 maximum
<b>Correlated</b>		30	50
<b>Total DLP records:</b>		Minimum of 50% of all live non-course cases (100)	Minimum of 50% of all live non-course cases (200)

### PLEASE NOTE:

1. Please note that all cases recorded for the purpose of recertification, the commencement date is the date of initial certification or most recent recertification period. For example, if your initial certification or more recent recertification date is 1 January 2012 then all cases performed between 1 January 2012 – 31 December 2014 will contribute towards recertification cases.
2. The Pathway 1 requirements for recertification of CTCA registration allow candidates to include 'library cases' for one third of the logbook cases. This provision has been made to provide an avenue for CTCA specialists to supplement any shortfall in live case experience for recertification, and to make provision for practitioners who may suspend their CTCA practice due to sabbatical leave, family circumstances or other reasons; however, it is noted that the Committee's position is that the majority of cases must demonstrate ongoing live case experience where the CTCA Specialist is the clinician responsible for the outcome of the CTCA examination and report.  
Inclusion of library cases indicates that the CTCA Specialist's exposure to live clinical cases is restricted, and therefore these library cases must be substantiated appropriately in order to provide assurance that they have been subject to full work-up by the recertification candidate. As such where a CTCA recertification candidate's logbook includes library cases, library cases performed from 1 July 2014 onwards must be substantiated by a summary report which includes as a minimum: Date of scan, Date of review, Unique Identifier (common to both the logbook and the report), and a Summary of relevant findings. Applicants must use and submit the [Library Case Report Template](#). Library cases performed prior to 1 July 2014 will require attestation by a Level B CTCA Specialist.
3. Logbook information **must** be submitted in the [Conjoint Committee's Pathway 1 Recertification Logbook](#) in .xls or .xlsx format, and NOT scanned to PDF or other type of image file.
4. Logbooks may be subject to a random audit.
5. Applicants must ensure that all cases included in recertification logbooks can be supported by documentary evidence in the event of audit.
6. DLP information for 50% of Live non-course cases must be recorded in the logbook.
7. Calcium scoring cases do not qualify.

## Section Four: Application for Recertification of CTCA Registration – Pathway 2

Applicants must provide evidence of relevant **case experience and continuing professional development activity**. Please complete the summary table below.

	Please enter data summary here	Requirements for Level A (pathway 2)	Requirements for Level B (pathway 2)
<b>Total CTCA cases:</b>		150 examinations within the past 3 years	400 examinations within the past 3 years
<b>Live</b>		150 minimum	400 minimum
<b>Correlated</b>		30	50
<b>Total DLP records:</b>		Minimum of 50% of all live non-course cases (75)	Minimum of 50% of all live non-course cases (200)
<b>Cardiac CT CPD</b>		20 hours of Cardiac CT activity within the recertification period	40 hours of Cardiac CT activity within the recertification period

PLEASE NOTE:

1. For all cases recorded for the purpose of recertification, the commencement date is the date of initial certification or most recent recertification period. E.g. if your initial certification or more recent recertification date is 1 January 2012 then all cases performed between 1 January 2012 – 31 December 2014 will contribute towards recertification cases.
2. The Pathway 2 requirements for recertification of CTCA registration allow candidates to include dedicated Cardiac CT continuing professional development (CPD) activity. This provision has been made to provide an avenue for CTCA specialists to supplement any shortfall in live case experience for recertification, and to make provision for practitioners who may suspend their CTCA practice due to sabbatical leave, family circumstances or other reasons; however, it is noted that the Committee's position is that the applicant must still demonstrate ongoing live case experience where the CTCA Specialist is the clinician responsible for the outcome of the CTCA examination and report.
3. Logbook information **must** be submitted in the [Conjoint Committee's Pathway 2 Recertification Logbook](#) in .xls or .xlsx format, and NOT scanned to PDF or other type of image file. Logbooks may be subject to a random audit.
4. Applicants must ensure that all cases included in recertification logbooks can be supported by documentary evidence in the event of audit.
5. DLP information for 50% of Live non-course cases must be recorded in the logbook.
6. Calcium scoring cases do not qualify.
7. CPD activity comprises conferences, meetings or refresher courses pertaining solely to Cardiac CT demonstrated by certification of participation (see Glossary of Terms).

## 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 recertified by the CTCA Conjoint Committee as either a Level A or Level B CTCA Specialist I will be required to continue to meet ongoing competency and Continuing Professional Development requirements in order to retain such recognition.
6. I have supplied the following documentation:

<b>Pathway 1</b>		<b>(Please tick)</b>
Current AHPRA Registration or NZ Medical Council Registration		
Recertification Logbook		
Library Case Report		
<b>Pathway 2</b>		
Current AHPRA Registration or NZ Medical Council Registration		
Recertification Logbook		
CPD evidence:	a. Included	
OR		
	b. My recertification anniversary falls between 1 July 2014 and 30 June 2015 and I will provide evidence of <ul style="list-style-type: none"> <li>• Level A 8hrs CPD <input type="checkbox"/>; or</li> <li>• Level B 16hrs CPD <input type="checkbox"/></li> </ul> within 12mths of my current recertification application due date.	

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\$330.00 (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:

--	--	--	--	--	--	--	--

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 Drutt Street, Sydney NSW 2000, Australia Ph: +61 2 9268 9777 Fax: +61 2 9268 9799