



CTCA Initial Certification – Fellowship Summary Form

This form is to be completed by all applicants applying for initial certification with a cardiac imaging Fellowship for Level A Pathway 2 or Level B Pathway 1. Please ensure that as much information as possible about the CTCA training completed as part of your Fellowship is included.

Section 1

Personal Details		
Full Name		
Specialty	Cardiology	☐
	Radiology / Nuclear Medicine	☐
	Nuclear Medicine	☐
	Radiology	☐
Which Level of CTCA certification are you applying for?	Level A Pathway 2	
	Level B Pathway 1	

Section 2

Please ensure you check you meet the requirements before continuing with this form. Please also refer to the ANZCTCA website for further information <https://www.anzctca.org.au>

The Cardiac Imaging Fellowship must have been for a **minimum of 12 months within the last 3 years** and include sufficient CTCA content. Please note that no logbook of cases needs to be provided as supporting documentation for the initial certification application however please include the number of CTCA cases reported during your Fellowship.

Training – Cardiac Imaging Fellowship	
<i>Please also note that a letter or certificate confirming completion of your Fellowship (minimum 1 year) should also be uploaded as supporting documentation for the initial certification application.</i>	
Please list the name of the facility you completed your Cardiac Imaging Fellowship at	
Please enter the date you commenced your Cardiac Imaging Fellowship on	
Please enter the date you completed your Cardiac Imaging Fellowship on	

Have you completed more than 40 hours of CTCA training/didactic learning during the Fellowship?	Yes	☐
	No	☐
Have you completed more than 20 hours of 'hands on' workstation training in CTCA?	Yes	☐
	No	☐
Please list the name/s of your Fellowship Supervisor/s		
Please list your Fellowship Supervisor's email address		
Further Details of Fellowship		
<i>Please include further details of the CTCA component of your Fellowship</i>		
What percentage (%) of your Fellowship was CTCA		
Total Number of CTCA Cases (reported with a Level B ANZCTCA Specialist or similar in the past 3 years)		
Did you attend any clinical or multidisciplinary meetings where CTCA cases were discussed? If so please list name of the meeting and frequency.		
Please provide details of any other training or experience of CTCA within the last 3 years. e.g. SCCT or BSCI <i>Any supporting documentation can be uploaded to the online application form</i>		

Section 4

Section to be Completed by Fellowship Supervisor	
<i>By completing this section, the Fellowship supervisor of the applicant confirms that they have supervised the applicant during the Fellowship and can confirm the above details about the CTCA training received during the Fellowship.</i>	
Name of Fellowship Supervisor	
Signature of Fellowship Supervisor	
Date	