



DECLARATION OF CT CORONARY ANGIOGRAPHY (CTCA) CPD COMPLIANCE

I (printed name and, if applicable, Medicare provider number of person making the declaration)

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do solemnly and sincerely declare that:

1. All information provided, both written and attached, is accurate and complete.
2. I am a Fellow of RANZCR and /or RACP and have **attached** evidence of same
3. I am still engaging in reporting CTCA and am still active in practicing CTCA
4. I have read and understand the ongoing requirements for me to maintain CTCA specialisation.
5. I agree to being recertified by the CTCA Conjoint Committee as either a Level A or Level B CTCA Specialist and as such I am required to continue to meet ongoing competency and Continuing Professional Development (CPD) requirements in order to retain such recognition.
6. I understand that if I fail to maintain to meet the requirements within the required timeframe, I forfeit my CTCA specialisation, as it will be declared by the Conjoint Committee for the Recognition of Training in CT Coronary Angiography and my name will be removed from the Register of CTCA Specialists on the ANZCTCA website. 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/audit my declared CTCA activity.
7. If at any time I cease meeting the ongoing competency requirements, I will notify the CTCA Conjoint Committee within 14 days and will not perform any CT coronary angiography in the meantime.
8. I agree that the CTCA Conjoint Committee will provide advice of my CTCA Registration status to Medicare Australia (applies to applicants who provide a Medicare Provider number only) and any other relevant regulatory authority.
9. I agree that should my recertification be successful, the CTCA Conjoint Committee will publish my CTCA Accreditation status on the Register of CTCA Specialists on the ANZCTCA website.
10. I have undertaken and declared below the expected CPD requirements

Declaration of Requirements

Applications filled out incorrectly or inaccurately will not be accepted and will need to be resubmitted

Continuing Professional Development

Retaining Level A after completing two cycles- 4 hours of cardiac imaging CPD per year in a minimum of 2 out of 3 CPD categories

Entry to Level B- 4 hours of cardiac imaging CPD per year in a minimum of 2 out of 3 CPD categories

Retaining Level B- 6 hours of cardiac imaging CPD per year in a minimum of 2 out of 3 CPD categories

CPD categories as per the Medical Board of Australia's CPD registration standard are educational activities, reviewing performance and measuring outcomes. Please refer to your nominated CPD home's guidance regarding CPD activities and their corresponding category.

Category of CPD	Activity Name	Detail of Activity	Time Allocation	Date Completed on

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

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Signature of person making the declaration

Date: