



CTC Re-Registration Form

CTC Specialists may choose to suspend their CTC registration due to a variety of reasons. In order to re-activate their CTC registration, CTC Specialists need to complete a CTC Re-Registration form, as well as submit a logbook of 30 CTC library cases.

To facilitate the re-activation process, CTC Specialists should refer to the current version of the *RANZCR Guidelines for the Practice of CTC Colonography* before completing this form. They are available from <http://www.ranzcr.edu.au/quality-a-safety/radiology/recognition-of-training-in-ctc>.

Applications for CTC Re-Registration are assessed by the CTC Accreditation Committee of the RANZCR Abdominal Radiology Group of Australia and New Zealand (ARGANZ). Applicants are advised to submit applications only after careful consideration of the requirements.

Further information is available from <http://www.ranzcr.edu.au/quality-a-safety/radiology/recognition-of-training-in-ctc>.

Please send your completed application form, any supporting documentation to:

Address: CTC Accreditation Program
c/- Royal Australian and New Zealand College of Radiologists
Level 9, 51 Druitt Street
SYDNEY NSW 2000

Email: CTC.Program@ranzcr.edu.au

Fax: +612 9268 9799

Section One: Personal details

(Please print)

Full name:

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Email:

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Phone:

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Mobile:

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Address:

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Section Two: Evidence of Library Cases

Applicants wishing to have their CTC Registration re-activated must provide evidence of relevant **case work**. A logbook of at least 30 CTC library cases within the previous 6 months must be provided in the CTC Re-Registration Logbook, available at <http://www.ranzcr.edu.au/quality-a-safety/radiology/recognition-of-training-in-ctc>.

	Please enter data here	Requirements	Documentation provided (please tick)
Total Library Cases		Maximum 30 cases within previous 6 months	

Glossary of Terms

Library Cases	Blind cases with correlation worked up on a workstation from raw data.
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Section Three: 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 RANZCR Guidelines for the Practice of CT Colonography.
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 College may contact a facility, course convener or CTC Specialist declared in my logbook in order to confirm my declared CTC training activity.
4. I agree that upon being re-registered by the RANZCR as a CTC Specialist, I will be required to meet minimum ongoing competency and Continuing Professional Development requirements in order to retain such recognition.
5. I have also supplied the following documentation:

Please tick:

Logbook of library case work	<input type="checkbox"/>
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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

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Date