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| **Application for BSCI/BSCCT Level 3 Accreditation**  **VERIFICATION OF HANDS ON PRACTICE**  Statement of Accredited Cardiovascular CT Practitioner | |
| If desired, a departmental letter using the same form of words may be submitted instead of this form. This form (or letter) must be signed by a practitioner accredited to BSCI/BSCCT Level 2 Clinical Practitioner or Level 3 standard. BSCI/BSCCT Level 2 Initial accredited practitioners are not eligible to sign.  The BSCI recognises the accreditation programmes of both the Society of Cardiovascular Computed Tomography (SCCT) and European Association of Cardiovascular Imaging(EACVI). Level 2 or 3 accredited cardiovascular CT practitioners from these societies may sign. At the discretion of the Accreditation Committee, practitioners accredited by other societies may also be considered eligible. | |
| **I verify** that the applicant has performed and reported **at least 300** contrast-enhanced  cardiovascular CT studies in the past 3 years.  **I verify** that the applicant is a specialist registrar, clinical specialist or consultant (or equivalent, if  applying from outside the UK). They work in this department and are in good standing.  **I verify** that the applicant is providing **25 anonymised but otherwise complete cardiac CT reports**,  each including date of study, indication, technique, DLP, findings and conclusion. | |
| Name of applicant: | |
| Signature of verifier: | Title: |
| Name in full: | Date: |
| Accreditation Body: | |
| Level of Accreditation: | Membership Number: |
| Email: | |
| Institution and position: | |
| Address: | |