

Application for BSCI/BSCCT Level 3 in Cardiac CT 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: