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| **Application for BSCI/BSCCT Level 3 Accreditation**  **VERIFICATION OF CORE CARDIOVASCULAR CT TRAINING**  Statement of Accredited Cardiovascular CT Practitioner | |
| This form 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 this form.  • 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 this form. At the discretion of the Accreditation Committee, practitioners accredited by other societies may also be considered eligible. | |
| **I verify** that the applicant has received core training in cardiovascular CT that includes:  1. Image optimization, radiation dose reduction, and advanced post-processing.  2. Functional assessment with cardiac CT and correlation with other modalities.  3. Bypass graft anatomy and assessment.  4. Coronary artery stent assessment.  6. Assessment of valvular heart disease including TAVI planning.  7. Role of CT in patients with heart failure.  8. Role of CT in pericardial diseases and cardiac masses.  9. The role of CT in evaluation of congenital heart disease.  10. Assessment of non-cardiac (esp lung) pathology included in the wider field of view. | |
| Name of applicant: | |
| Signature of verifier: | Title: |
| Name in full: | Date: |
| Accreditation Body: | |
| Level of Accreditation: | Membership Number: |
| Email: | |
| Institution and position: | |
| Address: | |

V13 Level 2 Re-accreditation