

|  |  |
| --- | --- |
| **Application for BSCI/BSCCT Level 1 Accreditation**  **VERIFICATION OF HANDS ON PRACTICE\*** | |
| I verify that the applicant has, under supervision, performed and interpreted at least **50**  **contrast-enhanced cardiac CT studies**. They have been mentored by a Cardiac CT  practitioner trained to at least BSCI/BSCCT or SCCT Level 2 Accreditation standard.  I verify the applicant is a Consultant, Specialty Registrar or Specialty Doctor in good standing in this department.  I verify the applicant is providing a sample of at least 25 anonymised cases, as outlined above. | |
| Signature of head of training: | Title: |
| Name in full: | Date: |
| Email: | Tel: |
| Institution and Cardiac CT accreditation | |
| Address: | |

\*This may be replaced by a detailed course attendance certificate/letter, signed by the course director. In this circumstance, a separate letter verifying Consultant, Specialty Registrar or Specialty Doctor status is required from the applicant’s Head of Department, Human Resources, Medical Director or other authorised person.