



CT(ASC) EXAMINATION

2010

Application Form

CANDIDATE DETAILS AND APPLICATION FORM FOR CT(ASC) EXAM 2010

FOR OFFICE USE ONLY

Please use black pen only to complete this form

FULL NAME OF APPLICANT		
Dr Miss Mr Mrs Ms _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Given Name Family Name </div>		
Date of Birth / / 19		
HOME ADDRESS	LABORATORY NAME and ADDRESS	
Postcode	Postcode	
Tel: Home	Tel: Work	Fax:
E-mail:		
All correspondence will be sent to your preferred contact address, previously nominated by you on the membership renewal form.		
WHICH EXAMINATION CENTRE DO YOU WISH TO ATTEND?	Adelaide <input type="checkbox"/>	<input type="checkbox"/>
	Brisbane <input type="checkbox"/>	<input type="checkbox"/>
DO YOU REQUIRE A MICROSCOPE?	Yes <input type="checkbox"/> <input type="checkbox"/>	(Please tick)
	No <input type="checkbox"/> <input type="checkbox"/>	
IF YOU ARE SUCCESSFUL, WHAT NAME IS TO APPEAR ON THE CERTIFICATE?		
(Please print in block letters) _____		
	Given Name	Family Name
Photograph	Please attach your passport-sized photograph with a paperclip	

Candidate Family Name _____

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DETAILS OF CANDIDATE'S TRAINING AND EXPERIENCE

Total number of years in a cytology laboratory in a screening capacity (including training):

Full time years

Part time years

CYTOLOGY EXPERIENCE		
(Include your workload from all laboratories in which you have been employed in diagnostic cytology.)		
Number of specimens (approximately) examined by you during your career from the following sites. (Unmarked training slides <i>may</i> be included)		
Female Genital Tract		TOTAL FGT:
Respiratory Tract		
Urinary Tract		
Body Cavities		
Cerebrospinal Fluid		TOTAL NG:
Fine Needle Aspiration		TOTAL FNA:

BASIC CYTOLOGY TRAINING	
Name of laboratory where you were trained	
Address of Laboratory	
Phone Number of Laboratory	
Fax number of Laboratory	
Dates of employment in Laboratory	From / / to / /
Year commenced training	
Name of Cytopathologist(s) responsible for training	
Name of Cytotechnologist(s) responsible for training	
Any other paramedical OR biological training	

Candidate Family Name _____

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CURRENT EMPLOYMENT IN CYTOLOGY	
Name of Laboratory where you are currently employed	
Address of laboratory "As above" if same as laboratory in which you trained	
Phone Number of Laboratory	
Fax number of Laboratory	
Dates of employment in Laboratory	From / / to / /
Number of specimens processed annually by your laboratory	Number of specimens screened by you annually from the following sites
Female Genital Tract	Female Genital Tract
Respiratory Tract	Respiratory Tract
Urinary Tract	Urinary Tract
Body Cavities	Body Cavities
Cerebrospinal Fluid	Cerebrospinal Fluid
Fine Needle Aspiration	Fine Needle Aspiration

Candidate Family Name _____

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PRIOR EMPLOYMENT IN CYTOLOGY (Please insert extra pages for additional employers, as required.)	
Name of Laboratory where you were previously employed	
Address of laboratory "As above" if same as laboratory in which you trained	
Phone Number of Laboratory	
Fax number of Laboratory	
Dates of employment in Laboratory	From / / to / /
Number of specimens processed annually by your laboratory	Number of specimens screened by you annually from the following sites
Female Genital Tract	Female Genital Tract
Respiratory Tract	Respiratory Tract
Urinary Tract	Urinary Tract
Body Cavities	Body Cavities
Cerebrospinal Fluid	Cerebrospinal Fluid
Fine Needle Aspiration	Fine Needle Aspiration

Candidate Family Name _____

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DETAILS OF CANDIDATE'S EDUCATIONAL BACKGROUND

TERTIARY EDUCATION	
Note: A certified copy of your qualifications must be provided with your application. Certified copies of any other relevant documents should also be included e.g. marriage certificate showing change of name (if different) from that shown on the qualification. Candidates with an overseas qualification must also include a certified copy of the formal assessment by NOOSR or AIMS (see <i>Guidelines</i>) To be 'certified' a copy of the original document must be signed and dated by a senior member of your laboratory <u>stating</u> that they have sighted the original document.	
University	
Qualification	
Cytology content of course	weeks @ hours/week
Anatomy content of course	weeks @ hours/week
Histopathology content of course (Pathology, NOT histological laboratory techniques)	weeks @ hours/week

Note: The details relating to course content are sought in order to establish candidate background for statistical purposes. It is **not** the intention of the Board of Examiners to use this information to deny individuals the opportunity to participate in the examination.

Candidate Family Name _____

EXAMINATION PREREQUISITES

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CYTOLOGY EXPERIENCE

- Employment history completed
- Workload requirements met:
 - 4000 or more gynaecological cases
 - 2400 or more non-gynaecological slides, comprising
 - 400 or more exfoliative cases
 - 200 or more FNA cases

TERTIARY QUALIFICATION

- Certified copy included
- Course details completed

VALIDATION OF APPLICATION BY SUPERVISOR

I, _____, being a supervisor, certify that, to the best of my knowledge, the above details of experience are correct.

Position: _____

Signature: _____

Institution: _____

Date: _____

VALIDATION OF APPLICATION BY CANDIDATE

The statements made in this application are a true indication of my experience. I acknowledge that I have read and understood the CT(ASC) examination guidelines (2010).

Signature: _____

Date: _____

CT ASC EXAMINATION PAYMENT DETAILS:

Please use black pen

Candidate Name: _____

I enclose Cheque or Money Order, made payable to "Australian Society of Cytology Inc."

Or

Debit my: *(Please tick)* ___ Visa ___ Mastercard

Card Verification Code *(If Applicable)* ___ / ___ / ___

Card Number: ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___

Expiry Date : ___ / ___

For \$250.00

Name on card: _____

Signature on card: _____

Your payment will not be processed until after all applications are reviewed in mid March.

Letters of acceptance and a receipt will be issued following the review of all applications.

Completed Application forms should be sent to:

Board of Examiners
Australian Society of Cytology
PO Box 491
North Adelaide SA 5006