

Candidate Family Name _____



CT(ASC) EXAMINATION

2012

Application Form

Candidate Family Name _____

Please use black pen only to complete this form

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 EXFOLIATIVES:
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	

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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

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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

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DETAILS OF CANDIDATE'S EDUCATIONAL BACKGROUND

TERTIARY EDUCATION	
<p>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.</p>	
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.

EXAMINATION PREREQUISITES

Please use black pen only to complete this form

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 (2012).

Signature: _____

Date: _____

Candidate Family Name _____

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

Expiry Date: ___ / ___ Card Verification Code *(If Applicable)* ___ / ___ / ___

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:

Standard letters:
The Australian Society of Cytology
P O Box 491
NORTH ADELAIDE SA 5006

Parcels:
The Australian Society of Cytology
1st Floor, 161 Ward Street
NORTH ADELAIDE SA 5006