



The Society of Cardiopulmonary Technology (NZ) Incorporated

c/o Cardiac Physiology, Level3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand.
www.sct.org.nz Telephone (09) 6309924. Email: info@sct.org.nz

APPLICATION FOR ENROLMENT INTO THE 2 YEAR CERTIFICATION OF CARDIAC PHYSIOLOGISTS COURSE INCLUSIVE OF FINAL EXAMINATION

NAME: Mr _____
Miss _____
Ms Surname Christian Names
Mrs _____

DATE OF BIRTH: _____

JOB TITLE: _____

CURRENT EMPLOYER: _____

ADDRESS: _____
(Home/work) _____

PHONE: _____

MOBILE: _____

FAX : _____

EMAIL: _____

Official Use Only:

Date payment received _____

Date Course Sent _____

Payment Type (circle) Cash / Internet / Cheque

Entered on Database

EDUCATIONAL BACKGROUND

Please confirm that you are enrolled in the Otago University Certificate in Health Sciences - Medical Technology (year 1) or the Post Graduate Diploma - Cardiac Technology (year 2) course.

A copy of your acceptance letter from Otago is required before you are eligible to enter the practical course.

A copy of my acceptance letter is included (please tick)

If you are not enrolled in the Otago course as a student, please state your reasons as to why you are undertaking the CCP course:

EMPLOYMENT DETAILS

Start date of current position: _____

Hours/week: _____

FTE: _____

CCP Compulsory Modules	Tick those procedures you <u>do not</u> perform at your hospital	State the # of procedures you perform / week
Resuscitation		
ECG's		
Exercise testing (ECG role)		
Holter monitor fitting & removal		
Event recorder (ER) fitting and receiving recordings		
Event Recorder reporting		
Blood Pressure monitor fitting and downloading recordings		
Transducer set-up & calibration		
Coronary study		
Percutaneous coronary intervention (Must have completed Coronary studies first)		
Supervised pacemaker follow-up (simple)		
Holter monitor analysis		

REGISTRATION STATUS

I am currently registered with the Clinical Physiologists Board as a _____
Physiologist.

Signed: _____

Date Registration granted: _____

Please provide copy of Registration Status.

AGREEMENT TO SUPERVISE CLINICAL TRAINING

(Please read the attached Supervisors Information Sheet before signing this section.)

I _____ (print name & job title)

Hospital: _____

registered as _____ * with SCT, agree to be responsible for the
training of _____ (applicants name).

Signed: _____ Date: _____

- see registration guidelines on the SCT website if you are unsure of your registered title (www.sct.org.nz)

DECLARATION

- * I declare that the statements I have made are accurate.
- * I declare to be governed by the rules and regulations of the Society.
- * I agree to inform the Society immediately of any change in circumstances, which may affect my right to continue as a member of the Society.

SIGNED: _____ DATE: _____
(Student)

I confirm that the above student is eligible to complete the Certification Programme and fulfils the requirements for this course.

SIGNED: _____ DATE: _____
(Charge / Senior Clinical Cardiac Technologist)

FEES PAYMENT FORM

NAME : _____

HOSPITAL: _____

	SCT membership (if not already a member) (Complete the SCT membership form if required)	\$50.00	\$ _____
(1)	2 year Certification Coursework and examination	\$750.00	\$ _____

TOTAL TO PAY (in NZD) \$ _____

Please note that no application will be processed unless your payment is included with this application form.

Method of payment:

Course fees enclosed

Or

Paid by Internet banking into SCT account.

If you are paying by Internet Banking:

Bank account number is: 38-9005-0953987-00
Bank: Kiwibank
Account name: Society of Cardiopulmonary Technology

Please note the following details on the payment statement.

Particulars: SCT course CCP
Code: current financial year (e.g. 2006)
Reference: your first initial, then surname

Please attach the payment confirmation page from the internet bank to this application form as proof of payment.

Cheques should be made out to: Society of Cardiopulmonary Technology Ltd