

CTASC Examination

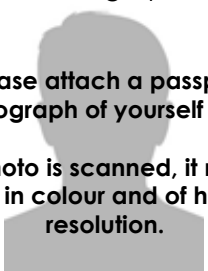
Certificate of Cytotechnology of the Australian Society of Cytology

2019 Application Form



CANDIDATE DETAILS

Please use black pen only to complete this form

Dr Mr Mrs Ms Miss Please write your name in BLOCK LETTERS as it will appear on your certificate.	
Date of Birth	/ /19	Mobile:
Address		
		State
		Postcode
Email		
All correspondence will be sent to your email address. If you are successful, your certificate will be posted to the address you have supplied above.		
DO YOU REQUIRE A MICROSCOPE?		Yes <input type="checkbox"/> No <input type="checkbox"/>
HAVE YOU SAT THE CTASC EXAMINATION BEFORE?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Photograph  Please attach a passport photograph of yourself here. If photo is scanned, it must be in colour and of high resolution.	EXAMINATIONS TO BE ATTEMPTED: <input type="checkbox"/> NON GYNAE Saturday, 29 June 2019 <input type="checkbox"/> GYNAE Sunday, 30 June 2019 Please tick both boxes if you wish to attempt both exams this year.	

PAYMENT DETAILS

Card Number:	□□□□ □□□□ □□□□ □□□□		
Expiry Date:	□□/□□	Gynae \$500.00	\$
		Non-Gynae \$500.00	
CCV:	□□□	Both \$750.00	
		TOTAL	
Name on Card:	Signature		
Payments will not be processed until after all applications are reviewed in late March. Letters of acceptance and a receipt will be issued following the review of all applications.		Post applications to: Board of Examiners Australian Society of Cytology Inc PO Box 52 HENLEY BEACH SA 5022 or email: admin@cytology.com.au	

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 may be included).

Female Genital Tract		TOTAL FGT:
Respiratory Tract		TOTAL EXFOLIATIVES:
Urinary Tract		
Body Cavities		
Cerebrospinal Fluid		
Fine Needle Aspiration		TOTAL FNA:

BASIC CYTOLOGY TRAINING

Name of laboratory where you were trained	
Address of Laboratory	
Phone 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	

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	
Dates of employment in Laboratory	From / / to / /

ANNUAL SCREENING OF SPECIMENS

<u>NUMBER OF SPECIMENS BY LABORATORY</u>	<u>NUMBER OF SPECIMENS BY YOU</u>
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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<u>PRIOR EMPLOYMENT IN CYTOLOGY</u> (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	
Dates of employment in Laboratory	From / / to / /

<u>ANNUAL SCREENING OF SPECIMENS</u>	
<u>NUMBER OF SPECIMENS BY LABORATORY</u>	<u>NUMBER OF SPECIMENS BY YOU</u>
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 (eg 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 *Guidelines*).

To be 'certified' a copy of the original document must be signed and dated by a senior member of your laboratory (who is a member of the Australian Society of Cytology Inc) or a registered JP. The statement should say that they have sighted the original document.

University	
Qualification	
Cytology content of course	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 _____

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EXAMINATION PREREQUISITES

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 CTASC Examination Guidelines (2019).

Signature: _____

Date: _____