



The Society of Cardiopulmonary Technology (NZ) Incorporated

c/o Cardiac Physiology, Level 3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand.
www.sct.org.nz Email: education.sct@gmail.com

APPLICATION FOR CERTIFICATION OF CARDIAC PHYSIOLOGISTS EXAMINATION ONLY

This form should be used only for staff members who have gained qualifications outside of New Zealand or are returning to work after a >5 year absence and are required to sit the CCP examination only, but not complete the full coursework.

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

DATE OF BIRTH: _____

JOB TITLE/GRADE: _____

CURRENT EMPLOYER: _____

ADDRESS: _____
(Home / Work) _____

COUNTRY: _____

PHONE: _____

MOBILE: _____

FAX : _____

EMAIL: _____

Please provide the following with this application:

Your clinical supervisor must sight the originals and initial all copies submitted to SCT.

	Tick when completed
Evidence of 2 years full time work experience i.e. CV and copy of position acceptance letter / or letter from clinical supervisor confirming experience.	
Copies of all previous relevant tertiary certification	
Copy of your current Registration status / Annual practicing certificate	

List all professional memberships that currently apply:

Current / previous core competencies work experience:

Below is the list of core competencies for a Cardiac Physiologist.

Complete the table below providing:

- The training centre/hospital and the month / year that each module was completed.
- Please tick those modules that you are currently performing on a regular basis.
- Any modules you are not trained in, please write N/A.

Compulsory Modules	Training Centre	Month & Year completed	Currently performed
Resuscitation			
ECG's			
Holter monitor fitting & removal			
Event recorder (ER) fitting, receiving and reporting recordings			
BP monitor fitting and downloading recordings			
Transducer set-up & calibration			
Coronary study			
Percutaneous coronary intervention (Must have completed Coronary studies first)			
Exercise testing (ECG role)			
Echocardiography			
Supervised pacemaker follow-up (simple)			
Holter monitor analysis			

Note: Your work experience and assessment portfolio may be requested by SCT at their discretion.

CLINICAL SUPERVISOR DECLARATION

Your current clinical supervisor must read and sign the declaration below.

I _____ (print name & job title)
of _____ hospital, have
sighted the original certification and signed each copy.

I declare that the information submitted, is valid and true.

Signed: _____ Date: _____

CCP EXAMINATION FEES

The examination only fee is: **\$200.00 NZD**. This includes certification from SCT.
Please note: we do not require payment upon application. If your application is
successful we will supply payment details to you.