



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: info@sct.org.nz

**COMBINED APPLICATION FOR:
ENROLMENT INTO THE 2 YEAR CERTIFICATION OF
CARDIAC PHYSIOLOGISTS COURSE AND SCT
MEMBERSHIP**

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

DATE OF BIRTH: _____

DHB JOB TITLE: _____

DEPARTMENT: _____

WORK POSTAL _____

ADDRESS: _____

HOME _____

ADDRESS: _____

(If preferred)

WORK PHONE: _____

MOBILE: _____

EMAIL: _____

MEMBERSHIP TYPE: (Circle desired membership. See society information sheet for details).

ASSOCIATE (studying towards an SCT qualification)

ORDINARY (Holds an SCTSCST (UK) qualification)

AFFILIATE (affiliated membership only e.g. industry and/or holds other relevant qualifications as accepted by the SCT. A full CV is required for this membership type with copies of your qualifications)

EDUCATIONAL BACKGROUND

Please list all relevant qualifications below. A copy of certificates must be attached. Tick boxes below to confirm. **Please also include a copy of your CV.**

PROFESSIONAL QUALIFICATIONS Name the qualification / education provider	Year completed	Copy of Certificate Included
COPY OF CV INCLUDED (please tick)		

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 enrolment or acceptance letter from Otago is required before you are eligible to enter the practical course. **If no proof is included, your application cannot be processed.**

Proof of enrolment into the MTEX course 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

Total (Full Time Equivalent) years experience as a Provisional Clinical Cardiac Physiologist:

Start date of current position: _____ Hours/week: _____

FTE: _____

Technical procedures performed in current position:

CCP Compulsory Modules	Tick those procedures you <u>do not</u> perform in your department	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)		
Echocardiography		
Holter monitor analysis		

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PROPOSAL FOR SCT MEMBERSHIP

I, _____ being a current member of the Society, and having personal knowledge of _____ propose that he/she is elected to membership of the Society.

SIGNED: _____ DATE: _____

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AGREEMENT TO SUPERVISE CLINICAL TRAINING FOR CCP PROGRAMME

(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.cprb.org.nz)

APPLICANTS 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.

NAME: _____

SIGNED: _____ DATE: _____

REGISTRATION STATUS

It is a requirement of the CCP programme that students are registered with the CPRB.

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

Registration number: _____

Date Registration granted: _____

Signed: _____

Copy of Registration Status included

If you are not currently registered, please provide the date that your registration application was submitted to the CPRB

Date of submission: _____

PAYMENT OF CCP COURSE FEES (\$750) and SCT MEMBERSHIP FEES for TWO YEARS (\$100)

Please note: we do not require payment upon application. If your application is successful, we will supply payment details to you.



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Forms are available online at: www.cprb.org.nz with a cost of \$100 for the Provisional Cardiac Physiologist status.

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SCT INVOICE

2 year Certification Coursework and 2 year membership

APPLICANTS NAME : _____

HOSPITAL: _____

TOTAL TO PAY (in NZD) \$850

SCT is a charitable society and as such is GST exempt.

Method of payment:

Course fees enclosed (cheque)

Or

Paid by Internet banking into SCT account.

Or

Paid by the DHB via direct credit

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 Memb and 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