# JOINT NUCLEAR MEDICINE SPECIALIST CREDENTIALLING PROGRAM

## for the Recognition of the Credentials of Nuclear Medicine Specialists for Positron Emission Tomography (PET)

Please note: PET credentialling is overseen by the Joint Nuclear Medicine Credentialling & Accreditation Committee (JNMCAC)\* of the RACP / RANZCR. The training requirements for PET credentialling are overseen by the Committee for Joint College Training (CJCT) in Nuclear Medicine of the RACP / RANZCR. This application form should be read in conjunction with the attached Explanatory Notes document.

(\* The JNMCAC undertakes credentialling of nuclear medicine specialists.)

1	Name of Specialist Applicant	
	Address (for correspondence)	
	1	
	1	
	1	Postcode
	Phone	
	Email	
	PET or Nuclear Medicine Provider	PET Provider Number:
	Number	
	Please list your PET provider number and the address to which it relates.	OR
		Nuclear Medicine Provider Number:
	If you are not currently affiliated with	
	a PET centre, please list one nuclear medicine provider number and the address to which it relates.	Address:

Specialist Recognition	I am recognised as a Specialist in Nuclear Medicine, and am currently credentialled/certified, or am eligible to be credentialled/certified, for Nuclear Medicine	Yes	
PET Training	I have fulfilled the requirements of PET training and have received acknowledgment from the CJCT in Nuclear Medicine	Yes	
	I have attached a copy of the confirmation of PET training letter from the CJCT in Nuclear Medicine	Yes	
Liconce to use	I hold a surrant license from the relevant State radiation		

3	Licence to use	I hold a current licence from the relevant State radiation		
	Radioactive	licensing body to prescribe and administer the intended	Yes	
	Substances for	PET radiopharmaceuticals to humans.		
	PET			

This information is provided in good faith and, to the best of my knowledge, is correct.							
Signed	Date						

#### Please return the completed form to:

PET Credentialling JNMCAC c/o PO Box 73, BALMAIN NSW 2041

### APPLICATION FEE

Application Fee The application fee is **\$110.00** (including GST). Payments may be made by electronic funds transfer (EFT) as follows:

#### EFT Payments:

Please ensure you keep a copy/screenshot of your bank receipt or bank confirmation of online payment and email this to <a href="mailto:aanms@aanms.org.au">aanms@aanms.org.au</a>. Payments should be made to the following BSB and account number:

BSB Number: 062-000 Account Number: 2021 6403 Account Name: Australasian Association of Nuclear Medicine Specialists – Joint Credentialling

If you wish to pay by cheque, please contact the AANMS accountants, Actuate Accounting, at: <u>accounts@actuateaccounting.com.au</u>; phone 02 9925 8600.

\* A tax invoice/receipt will be issued upon receipt of payment.