



*Joint Nuclear Medicine Specialist
Credentialling/Certification Program
of the RACP and the RANZCR*

Application Form for

**Credentialling/Certification
of Specialists in Nuclear Medicine (including
Positron Emission Tomography [PET])**

**in Relation to 'Health Insurance (Diagnostic Imaging
Services Table) Regulations 2006'**

November.2 2024

1. CONTACT AND PROVIDER DETAILS					
Title		Full Name			
Address					
		State		Postcode	
Mobile		Email			

2. CREDENTIALS		DATE <i>List date of granting</i>	PROOF REQUIRED
Training & Recognition in Nuclear Medicine including Positron Emission Tomography (PET)	I am a Fellow of the Royal Australasian College of Physicians (RACP). OR I am a Fellow of the Royal Australian and New Zealand College of Radiologists (RANZCR).		Fellowship Certificate/Letter
	I have fulfilled the requirements for training in nuclear medicine, including PET, as assessed by the Committee for Joint College Training (CJCT) in Nuclear Medicine and/or Have been assessed by the relevant medical college (RACP) (<i>for non-CJCT-trained specialists</i>), and have received acknowledgement from the RACP or RACP/RANZCR.(for radiologists)		Confirmation of Completion Letter from the CJCT
AHPRA Specialist Registration	I have current medical specialist registration in nuclear medicine.		Letter/certificate from AHPRA
Medicare Provider Number	I have an active nuclear medicine/PET Provider Number.		Active NM/PET provider numbers
Medicare Specialist Recognition	I am recognised as a specialist in nuclear medicine by Medicare Australia.		Letter/certificate from Medicare
Licence to Use Radioactive Substances for Nuclear Medicine and PET	I hold a current licence to prescribe and administer radioactive substances (including PET radiopharmaceuticals if relevant) to humans from the State/Territory radiation licensing body, or a licence is held by the appropriate person(s) in the practice in accordance with State/Territory radiation licensing requirements.		Letter/certificate from one licencing body

3. DECLARATION

This information is provided in good faith and, to the best of my knowledge, is correct. Under Commonwealth legislation, significant penalties may be imposed on a person who makes a statement (oral or written) or who issues or presents a document that is false or misleading in a material particular, and which is capable of being used with a claim for Medicare benefits.

Signature		Date	
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4. FORM SUBMISSION & APPLICATION FEE

AANMS Education will process your application and if approved, will advise you of the outcome and send Medicare notification of your credentialling.

Medicare will update your details and add you to their register of specialists credentialled for nuclear medicine and/or PET.

Application form and proof of fee payment sent to: education@aanms.org.au

A tax invoice/receipt will be issued on receipt of payment.

IMPORTANT: Any changes in your credentialling circumstances must be advised to AANMS and Medicare.

For more information about the Credentialling Process or what to do next, please refer to [here](#).

Application fee of \$110 (inc GST) payable to:

- Name: AANMS Joint Credentialling
- BSB: 062-000
- Account: 2021 6403