Australasian Association of Nuclear Medicine Specialists

Application Form

For Nuclear Medicine Specialists as Legacy Providers in Theranostics

v.7

March 2026

Australasian Association of Nuclear Medicine Specialists
PO Box 535, Cammeray NSW 2062 Australia | ACN 158 642 267 | ABN 711 586 422 67
E aanms@aanms.org.au | **W** www.aanms.org.au

Introduction

The rapid expansion of theranostics has led to a requirement for both (a) the determination and recognition of appropriate training and experience in already-qualified individuals ("legacy providers"); and (b) the development and implementation of theranostics training as part of the Nuclear Medicine Advanced Training Program managed by the Committee for Joint College Training in Nuclear Medicine of the Royal Australasian College of Physicians (RACP) and the Royal Australian and New Zealand College of Radiologists (RANZCR) ("CJCT in Nuclear Medicine").

This process to formally assess and certify training and experience of already-qualified individuals is being undertaken by the Australasian Association of Nuclear Medicine Specialists (AANMS) in conjunction with the CJCT in Nuclear Medicine.

Performance of theranostic procedures requires essential competency in several essential areas, including:

(i) detailed understanding of scans of both the molecular imaging diagnostic and therapeutic agents;

(ii) detailed understanding of both normal biodistribution of agents and image interpretation;

(iii) translating the diagnostic scan appearance into an assessment of the likely efficacy of radionuclide therapy; and

(iv) practical experience in assessing patients, managing therapy delivery and short- and long-term side effects.

Certification is based on training and experience predating the Legacy Provider Certification Application submission date. However, this may be supplemented by additional prospective training as detailed in the application. It is proposed that this pathway will be discontinued in 2030. Prior to this there will be regular opportunities for Nuclear Medicine Specialists to apply for legacy certification. Application rounds will be timed to the CJCT meetings, which formally occur twice a year.

PLEASE NOTE:

(i) The CJCT plans to commence approval of prospective training in theranostics from 2025 as a component of Advanced Training in Nuclear Medicine

(ii) This certification program is not intended to alter access to items which are currently listed on the MBS as of 1 July 2023.

Eligibility

As theranostics is a component of the specialty of nuclear medicine, only those specialists who are medical practitioners registered with either AHPRA or the NZMC as nuclear medicine physicians or specialists (hereinafter collectively referred to as "specialists") are eligible for certification for theranostics under the legacy provider certification process.

The AANMS will check the status of each applicant.

The AANMS Theranostics Committee and/or the CJCT in Nuclear Medicine may contact the supervising specialist(s) listed on this application for further information and/or clarification relating to this application.

Application and Documentation

For a specialist in nuclear medicine to apply for certification in theranostics the attached application form must be completed, signed, and sent with evidence of payment of the application fee to:

theranostics.certification@aanms.org.au

Application Fee

The application fee is **$330.00** (including GST). See application form for more details.

Trainees who apply during Advanced Training in Nuclear Medicine are exempt from paying the fee.

Creation and Maintenance of Register

Specialists whose applications have been considered by the AANMS and the CJCT in Nuclear Medicine and who have paid the application fee will be advised of the outcome by email.

Applicants' details will be kept on a secure database by the AANMS. Applicants must advise the AANMS of any changes to their contact details.

Privacy

The information provided on this form is collected only for the purpose of assessing and processing applications for certification for theranostics, and for contacting applicants in relation to their applications. Completed certification application forms are available only to the AANMS Theranostics Committee and the CJCT in Nuclear Medicine for the purposes of assessing applications.

Applicants may have access to their certification information at any time by contacting the AANMS at theranostics.certification@aanms.org.au

How to complete this form - there are ten sections to this form.

1. Applicant details – must be completed by **all applicants**
2. Level of certification – please nominate if you are proposing General Certification, Advanced and/or Paediatrics. The form is interactive and it will take you to the section selected. Please see the descriptors in section 2 noting 'Encounters' and 'Categories' as follows:

   Individual activities (e.g. a patient consult or attendance at a course) are termed "Encounters" and separated into 'Categories'. At least ONE encounter in EACH of the categories is required to proceed. Similar information should be provided in 'free text' area for Paediatrics. Relevant encounters are only those which relate to management of neoplasms. Treatment of benign conditions (e.g. I-131 for thyrotoxicosis) are not acceptable.

   Trainees may apply only for General Certification; they cannot apply for Advanced Certification.
3. General Certification details – please complete if applying for General Certification
4. Advanced Certification details – please complete if applying for advanced certification. Advanced applications must complete the research section at 4.B
5. Paediatrics – please complete this section if you are applying for certification for Paediatrics. This can be applied for together with either General or Advanced Certification
6. Theranostic Training – details of each training institution and/or proposed supplementary training plus supervising specialist details must be completed by **all applicants**

7. and 8. Both declarations in sections 7 and 8 must be completed by **all applicants** and **all applicants** must sign the form.

9. Payment of fees – **All applicants** other than Trainees must pay the application fee.

   Trainees who apply during their Advanced Training are exempt from paying the fee.
10. How to submit your application – follow the email link in Section 10 to submit to theranostics.certification@aanms.org.au

Application for Certification for Theranostics: Legacy Provider

1. APPLICANT DETAILS

Title	Name (as it appears on your AHPRA/NZMC registration)			Australia ☐
				New Zealand ☐
Preferred Contact Address 1				
Suburb	Town/ City		State N/A	Postcode
Address 2				
Suburb	Town/ City		State N/A	Postcode
Phone (with area code)			Mobile	
Email				
AHPRA Number or NZMC Registration Number				
Principal Practice Address (Company line)				
Suburb	Town/ City		State N/A	Postcode

2. CERTIFCATION REQUESTED. *Please read Explanatory Notes above before proceeding.*

Please tick

General Certification Requires >50 "encounters" (for management of neoplasms), defined as the following: • *therapy consultations* • *administrations, and/or 50 MDT cases* • *CPD activity i.e. attendance at meetings and courses* At least **one encounter in each category** must have been performed. These encounters must involve at least **two (2) distinct therapeutic radiopharmaceuticals**.	☐ go to Section 3
Advanced Certification Requires >120 "encounters" (for management of neoplasms) defined as the following: • *120 therapy consultations, administrations, and/or* • *administrations, and/or 100 MDT cases* • *CPD activity i.e. attendance at meetings and courses* At least **one encounter in each category** must have been performed. These encounters must involve at least **two (2) distinct therapeutic radiopharmaceuticals**.	☐ go to Section 4
Paediatric Certification *Paediatric theranostics is recognised as a very specialised field within theranostics. Training is often different to that of mainstream therapy therefore applications will be considered on a case-by-case basis.* *Please give details of experience below.*	☐ go to Section 5

3. GENERAL CERTIFICATION (ONLY)

Please tick

Training in Theranostics – General Certification *Complete this section **ONLY** if applying for General Certification*	I have undertaken **> 50 encounters** for management of neoplasms involving at least TWO distinct therapeutic radiopharmaceuticals. *Please note recommendations of use in prostate cancer and NET tumours.*	☐
Please list estimated number of initial consultations or administrations for each of the radiopharmaceuticals referred to above	Therapies	Agent
MDTs Participation *Please specify type of MDT - include details of institution(s); online tutorials, and/or meetings:*		

If you are applying for General Certification and Paediatrics Certification- click here to continue to section 5

If you are applying for General Certification Only - click here to continue to section 6

4. ADVANCED CERTIFICATION (ONLY)

Please tick

Training in Theranostics – Advanced Certification *Complete this section if applying for Advanced Certification (Section 3 for General Certification* **does not** *need to be completed)*	I have undertaken **> 120 encounters** for management of neoplasms involving at least TWO distinct therapeutic radiopharmaceuticals. *Please note recommendations of use in prostate cancer and NET tumours.*	☐

Please list estimated number of initial consultations or administrations for each of the radiopharmaceuticals referred to above	Therapies	Agent

MDTs Participation *Please specify type of MDT include details of institution(s); online tutorials, and/or meetings:*	

4.B RESEARCH – ADVANCED CERTIFICATION APPLICANTS ONLY

It is expected that applications for Advanced Certification will have theranostics research experience and/or have supervised a post graduate candidate.

Research If applying for **Advanced** certification, please specify (where possible) the *title* and/or *Clinical Trials Registry Number* and/or *HREC name* and *reference* of relevant trial(s) And/or Name of research candidate supervised	

If you are applying for Advanced Certification and Paediatrics Certification- click here to continue to section 5

If you are applying for Advanced Certification Only - click here to continue to section 6

5. PAEDIATRICS CERTIFICATION (ONLY)

Please tick

Complete this section if applying for **Paediatrics** *Certification*	I have undertaken encounters in Paediatrics	☐
Please list estimated number of initial consultations or administrations for each of the radiopharmaceuticals referred to above ***Please note:*** *the requirement for paediatrics number is not as high as general (can be less than 50) given the highly specialised nature of cases and low volume/frequency of cases. Specialist working in paediatrics are encouraged to apply; the committee reviews each application on individual merit*	Therapies	Agent
MDTs Participation *Please specify type of MDT include details of institution(s); online tutorials, and/or meetings:*		
This is a free text section. *Please describe any further relevant detail* ***including the number of encounters*** *for your Paediatrics application*		

6. THERANOSTICS TRAINING AND SUPERVISION

Training Institution(s) Please indicate the name and address of the institution(s) and dates attended where you gained your clinical theranostics experience.
Institution 1 Name
Institution 1 Address
Dates attended institution 1 (from- to)
Institution 2 Name
Institution 2 Address
Dates attended institution 2 (from- to)
Institution 3 Name
Institution 3 Address
Dates attended institution 3 (from- to)
Institution 4 Name
Institution 4 Address
Dates attended institution 4 (from- to)

Proposed Supplementary Training *If you intend to* **prospectively** *obtain clinical theranostics experience, please indicate the institution and dates when training will be acquired.*
Institution Name
Dates of proposed training (from- to)
Institution Name
Dates of proposed training (from- to)
Institution Name
Dates of proposed training (from- to)
Institution Name
Dates of proposed training (from- to)

6B. SUPERVISION - *A response to this section is mandatory.*

Supervising specialist(s)

Please indicate the name(s) and email contact of the specialist(s) in charge of clinical theranostics in the training institution(s) that you attended or plan to attend.
If self-trained (with supporting evidence) this may be accepted at the discretion of the Sub-Committee.

Note: supervising specialists may be contacted in relation to this application.	
Supervisor Name	Supervisor email
Supervisor Name	Supervisor email
Supervisor Name	Supervisor email
Supervisor Name	Supervisor email

7. LICENSING and RESPONSIBILITIES OF THE APPLICANT *(All applicants MUST complete)*

Please tick

Responsibilities of the Specialist	I am responsible or shall be responsible for the quality and safety of all clinical procedures performed under my direction, by nuclear medicine staff at the theranostics facility or facilities.	☐
Specialist Registration	I am registered with AHPRA or NZMC as a specialist nuclear medicine.	☐
CPD	I am enrolled in a continuing professional development program, including theranostics, compliant with AHPRA or NZMC requirements.	☐
Quality Assurance	I confirm that appropriate practice quality assurance and control procedures are carried out in the theranostics facility where the procedure is performed.	☐

8. DECLARATION

By signing this application, the applicant:

- *Declares that this information is provided in good faith and is correct.*
- *Gives permission for members of the AANMS Theranostics Committee/CJCT in Nuclear Medicine to clarify details of prior experience where necessary. This may include confidentially contacting supervising specialists named in the application.*
- *Confirms that they have advised the supervising consultants that the AANMS Theranostics Committee and/or the CJCT in Nuclear Medicine may contact them for further information about this application.*
- *Confirms that the supervising consultants have given permission for the AANMS and/or the CJCT in Nuclear Medicine to contact them in relation to this application.*
- *I understand that upon certification my name will be added to an AANMS list for Theranostics Certification which will be publicly available on our website. To opt out click here* ☐

Name		
Signature		Date

9. FEE

Payment of $330 can be made by credit card as below.

Trainees who apply during their Advanced Training in Nuclear Medicine are exempt from paying the fee.

Payment may be made online via Stripe.

Are you a current Trainee applying for General Certification? Please tick this box: ☐

10. SUBMIT APPLICATION

Please submit the application form to: *theranostics.certification@aanms.org.au*, by C.O.B. on **25 March 2026**.