Reference Number

Department Name:

Australian and New Zealand
Society of Nuclear Medicine
Accreditation Board
ABN: 35 133 630 029

Application for International Workplace Accreditation

Before completing this application, please note the following:

1. A separate application form must be completed for each site at which a Nuclear Medicine Practice is established.
2. A new application must be submitted whenever there is a significant change in the operation of a practice (eg. a move to new premises).
3. This application form must be completed and signed by the Nuclear Medicine Specialist in charge of the site. All questions must be answered before approval will be considered. Where space is inadequate in any part of the application, please attach additional pages.
4. You must attach a copy of the PDY syllabus used by your practice to this application form. See the ANZSNM Accreditation Board PDY Programme Guidelines for more information.
5. Completed application forms are to be forwarded to:

   ANZSNM Accreditation Board Secretariat
   PO Box 7108
   Upper Ferntree Gully Vic 3156. Australia
   (Fax: +61 3 9753 6372; Email: secretariat@anzsnm.org.au)
6. Fees for Workplace Approval and Renewal are outlined below. An international bank draft in Australian dollars made payable to ANZSNM must accompany the completed application form, or Visa/Mastercard accepted (please provide details on separate sheet). Payment can also be made by EFT; please contact Secretariat for bank details.

   i. Workplace Accreditation $450.00 (Aus)
   ii Workplace AccreditationRenewal $450.00 (Aus)
7. Workplace Accreditation is awarded for three (3) years. Workplaces will receive notification from the Board of the process and documentation required for renewal of Workplace Accreditation approximately two (2) months prior to the expiry of their Approval.

Contact Details

Telephone

Facsimile

Email address of technologist-in-charge

Date Received at Secretariat:

Section A - Practice Identification

PRACTICE TO BE ACCREDITED

Print Name

ADDRESS (as it will appear on the Certificate of Accreditation)

Street

Suburb | State | Post Code

POSTAL ADDRESS (if different from above)

Street

Suburb | State | Post Code

CURRENT OR PREVIOUS ACCREDITATION

Has this practice ever held ANZSNM accreditation under another name or at another address? Yes ☐ No ☐

Previous Name (if any)

Previous Certificate Number (if any)

Section B - Staffing and Supervision

NUCLEAR MEDICINE SPECIALIST-IN-CHARGE

Print Name

Credentialed Nuclear Medicine Specialist? Yes ☐ No ☐

List credentials & membership of professional bodies

Number of nuclear medicine specialists employed at the site | Full Time Equivalent (per week)

If only one nuclear medicine specialist is employed, can you ensure that a credentialled specialist will be available to cover for any periods of absence? Yes ☐ No ☐

NUCLEAR MEDICINE TECHNOLOGIST-IN-CHARGE

Print Name

Fully ANZSNM Accredited Nuclear Medicine Technologist? Yes ☐ No ☐

ONSITE RADIATION SAFETY OFFICER

Print Name

Number of **fully ANZSNM accredited** NMTs presently employed at the site ☐ Full Time Equivalent (per day)

Total number of other qualified NMTs presently employed at the site ☐ Full Time Equivalent (per day)

If only one FTE accredited NMT is employed, can you ensure that an accredited NMT will be available to cover for any periods of absence? Yes ☐ No ☐

Certificate numbers or names of ANZSNM Accredited NMTs currently employed at the site

Number of NMT interns/PDYs currently employed at the site ☐

Section C - Facilities and Equipment

EQUIPMENT AVAILABLE AT THIS SITE

Number of cameras ☐

Number of gamma cameras with SPECT capability ☐

Number of gamma cameras with SPECT/CT capability ☐

Number of PET cameras ☐

Radiation safety equipment, including survey meter and decontamination kit. Yes ☐ No ☐

Hot lab facilities Yes ☐ No ☐

If no, how will you ensure that PDY technologists employed at this site will obtain experience in hot lab procedures?

DOCUMENTATION OF POLICIES AND PROCEDURES

Workplace comprehensive policy and procedure documents are available for use by all Nuclear Medicine Technologists, covering the following essential areas: patient care; pregnancy of patients; breast feeding; informed consent; management of crash cart; misadministrations and maladministrations and radiation safety. Yes ☐ No ☐

RECORD KEEPING

This workplace maintains the following records, which will be made available for inspection by the Board upon its request.

- Radiopharmacy records, including records of ordering, receipt, usage and disposal of radionuclides. Yes ☐ No ☐
- Radiation safety records, including staff exposure records, radiation incident and accident reports and records pertaining to the transport of radionuclides. Yes ☐ No ☐
- Occupational health and safety records as required by state and federal law. Yes ☐ No ☐
- Quality control records for gamma cameras, dose calibrator, all quantitative laboratory equipment and radiopharmaceutical production. Yes ☐ No ☐

Section D - Education and Training

BASIC TRAINING

PDY technogists will be inducted through a standard site orientation program at the commencement of their employment

Yes ☐ No ☐

How will training in the following essential areas of training be provided?

CPR training	inhouse ☐	outsourced ☐
IV Cannulation	inhouse ☐	outsourced ☐
Manual Handling	inhouse ☐	outsourced ☐
Cell Labelling	inhouse ☐	outsourced ☐
Radiation Safety	inhouse ☐	outsourced ☐

PROFESSIONAL DEVELOPMENT YEAR PROGRAMME

Will all PDYs employed at this practice be inducted through a comprehensive PDY training programme that meets the requirements outlined in the Accreditation Board's PDY programme guidelines?

Yes ☐ No ☐

Please attach detailed syllabus for your training programme to this application.

CONTINUING EDUCATION RESOURCES

Will your PDY technologists have access to continuing education activities such as regular seminars, reporting sessions and inservice programs and have support for participation in professional bodies and for attendance at short courses and scientific meetings?

Yes ☐ No ☐

Section E - Workload & Variety

As practical experience is very important during this formative year, can you ensure that PDY technologists employed at this site will be exposed to at least 2000 individual patient procedures per year covering a broad range of diagnostic and therapeutic nuclear medicine procedures, at least 10% of which are cardiac studies?

Yes ☐
No ☐

If No, how will you ensure that PDY technologists employed at this site will obtain experience in a broad range of procedures, including the necessary exposure to cardiac studies?

The range of Nuclear Medicine procedures seen at this site in the **last calendar year** was (these are patient numbers) –

- ☐ less than 2000
- ☐ between 2000 and 3000
- ☐ between 3000 and 4000
- ☐ between 4000 and 5000
- ☐ between 5000 and 8000
- ☐ more than 8000

Note: These numbers are patient numbers not scan numbers and must not include Ultrasound or BMD. CT scans performed on SPECT/CT cameras for attenuation correction and anatomical localisation **cannot** be included in general nuclear medicine study numbers.

Number of PET studies in **last calendar year**: ☐

Over the **last calendar year**, what percentage of your workload was:

- cardiac studies? ☐
- therapeutic procedures? ☐
- paediatric procedures? ☐
- PET procedures? ☐

Percentage of time PDY spends in PET in a 12 month period? ☐

Section F - Declaration

I undertake to provide trainee and professional development year nuclear medicine technologists employed at this site with:

1. close supervision at all times by an ANZSNM Accredited Technologist;
2. opportunity to participate in the full range of nuclear medicine imaging and non-imaging procedures that are carried out at this site;
3. opportunity to practice any routine hot lab procedure (such as elution of Mo-99 generator, reconstitution of cold kits, etc) that are carried out at this site;
4. access to any library resources, inservice programs, seminars or other educational facilities available within this site;
5. opportunity to take part in professional education and development programs pertinent to the practice of Nuclear Medicine;
6. active encouragement to participate in research and development activities carried out within this site; and
7. on-site training in practical aspects of workplace health and safety (including radiation safety).

I acknowledge that the Board may collect information from many sources relevant to the training and supervision of the PDY in this practice. The Board may use this information to verify the adequacy of such training and supervision I understand and agree that this practice may be subjected to a random audit to certify the information provided above. I am willing to supply sufficient information on request, in confidence, to satisfy such an audit.

NUCLEAR MEDICINE SPECIALIST-IN-CHARGE

In signing this form I understand that I do so as a registered medical practitioner under the terms of the medical registration board of the state in which I am registered. The information contained in this application, on any supplementary forms and in any supporting documentation that I have provided is correct and I undertake to inform the Accreditation Board within one month of any material change of circumstances that may affect the status of this Department.

Signature	*Date* / /