



Australian and New Zealand
Society of Nuclear Medicine Limited.
(ANZSNM)

**APPLICATION TO
PDY/MENTOR PROGRAM**

INSTRUCTIONS TO APPLICANTS:

From December 2000, all graduates wishing to gain professional Accreditation with the ANZSNM are required to participate in the Professional Development Year program run by the ANZSNM Technologist Special Interest Group (TSIG). Upon commencement in an approved workplace, PDY technologists should apply to the ANZSNM TSIG PDY Sub Committee for admission into the program by completing and returning this form to the address below within one month or work start.

This application must be received at the Secretariat within one month of your work start date otherwise your Professional Development Year will commence on the date received at the Secretariat, NOT your work start.

Graduates participating in the Victorian Internship program will be exempt from participating in the PDY program but must still complete this form and register with the ANZSNM. These graduates will be eligible for Accreditation upon completion of the NMIC program.

Return completed application to: Robyn Smith
ANZSNM
PO Box 202
PARKVILLE, VIC. 3052

Queries regarding completing form: secretariat@anzsnm.org.au

PRIVACY POLICY

The ANZSNM fully respects your privacy. Information given to us will be treated in confidence; however, from time to time the Board does receive requests from state or federal government bodies regarding your accreditation status. When such an official request is received by the Board, in signing this form you authorize the Board to provide your accreditation status to these bodies.

ANZSNM TSIG USE ONLY

DATE RECEIVED: _____ APPLICANT: _____

DECLARATION SIGNED / NOTARISED AWARDS RECEIVED: YES / NO UNIVERSITY: _____

APPROVED NUCLEAR MEDICINE CENTRE: _____ CERTIFICATE # _____

DATE COMMENCED: _____ MENTOR: _____

CERTIFICATION OF EMPLOYMENT DECLARATION COMPLETED: YES / NO AHPRA Reg No:

PERSONAL DETAILS

Surname: Given Names:
Date of Birth: Title: (Ms/Miss/Mr/Other)
Address:
Suburb: State: Postcode:
Given name and surname you are known by:
Contact Phone number :(BH) (AH)
Email Address:
AHPRA Registration No: State: (both required)

ELIGIBILITY CRITERIA

Tick one box:

- I am a new graduate from Victoria and will be participating in the NMIC Intern Program and my matching notification letter from PMCV is attached.
- I am a new graduate from an Approved Tertiary Course within Australia and will be completing my professional development year having found a position within an Approved Department.
- I have been assessed under the ANZSNM TSIG Overseas Qualification Assessment and entry into this program is included in my original application fee.

WORKPLACE INFORMATION

Approved Workplace in which you will be completing your clinical experience:

Workplace Address:

Telephone: Fax:
Approved Workplace Certificate No. Chief NMT:

THE FOLLOWING DECLARATION MUST BE COMPLETED

I confirm that commenced employment/will commence
(PDY/Intern/OQA technologist name)
employment at on
(NM Department/Practice) (Date)
working full time/part time (if part time – number of hours per week)
Print name (Chief NMT / Director / HR Manager)
Signature Date

ACADEMIC QUALIFICATIONS IN NUCLEAR MEDICINE

EVIDENCE OF YOUR QUALIFICATION(S) IN NUCLEAR MEDICINE MUST BE GIVEN BY ENCLOSING A NOTARISED COPY OF YOUR AWARD OR TRANSCRIPT OF RESULTS ON UNIVERSITY LETTERHEAD.

(A notarised copy is one which has been signed as a true copy of the original by a Justice of the Peace or other person authorised to take such affidavits.)

IF YOU HAVE NOT RECEIVED YOUR DEGREE/DIPLOMA, THEN THE DECLARATION BELOW MUST BE COMPLETED BY:

- i) The Head of School, or
- ii) The designated Course Coordinator

NAME OF ACADEMIC INSTITUTION ATTENDED:

NAME OF QUALIFICATION OBTAINED: -----

YEAR OBTAINED: -----

Notarised copy of award/transcript attached YES / NO
OR

Declaration below completed YES / NO

Signature of Applicant: Date:

DECLARATION

To be completed by Head of School or designated Course Coordinator

This is to certify that -----
(name of applicant)

has satisfactorily completed all requirements of the Approved course in Nuclear Medicine, and will be recommended for the award as follows:

NAME OF AWARD:

NAME OF INSTITUTION:

SIGNED: DATE:

NAME AND POSITION HELD (PLEASE PRINT): -----
