



Conjoint Committee for the Recognition of Training in Peripheral Endovascular Therapy

Application for Recognition

Title	First name	Last name	
Address			
Suburb		State	Postcode
Country		Telephone	
Email			

Royal Australasian College of Surgeons [RACS]

- Educational Affiliate [Trainee] RACS ID: _____
- Fellow RACS ID: _____

Royal Australasian College of Physicians [RACP]

- Educational Affiliate [Trainee]
- Fellow

Royal Australian and New Zealand College of Radiologists [RANZCR]

- Educational Affiliate [Trainee]
- Fellow

Specialty

- | | |
|--|---|
| <input type="checkbox"/> Vascular Surgery - RACS | <input type="checkbox"/> Neurosurgery - RACS |
| <input type="checkbox"/> Cardiology - RACP | <input type="checkbox"/> Vascular Medicine - RACP |
| <input type="checkbox"/> Radiology - RANZCR | <input type="checkbox"/> Other (please specify) |



CONJOINT COMMITTEE FOR THE RECOGNITION OF TRAINING IN PERIPHERAL ENDOVASCULAR THERAPY

Application Type

- I have completed my Fellowship within the last two years and am applying for recognition under the 'Training' Clause
Or
 I have completed my Fellowship more than two years ago and am applying for recognition as an 'Experienced Proceduralist'

I am applying for Recognition of Training in the following category/categories:

Initial Application

- Peripheral Endovascular Therapy
 Carotid Stenting
 Fenestrated and Branched Endografting

Additional or Re-Application

- Peripheral Endovascular Therapy
 Carotid Stenting
 Fenestrated and Branched Endografting

Please Note

- The **Initial application** column is for applicants who have not previously applied to the Committee for Recognition
- The **Additional or Re-application** column is for applicants who have previously applied to the committee for recognition and are now submitting an additional application for a different procedure category, or are submitting a re-application for the same procedure category for which they have previously applied
- In order to be eligible to be recognised in Carotid Stenting or Fenestrated and Branched Endografting, applicants must first be recognised in Peripheral Endovascular Therapy. Applicants may apply for recognition in multiple categories, however if they are unsuccessful in receiving recognition in Peripheral Endovascular Therapy, any application for other categories would not be considered at this time
- The Committee will only consider procedures undertaken during the last seven (7) years
- Applicants who are submitting a re-application for a category for which they have previously applied are only required to submit the documentation outlined in correspondence sent to them by the Conjoint Committee. They are not required to re-submit the entire application

Declaration

- I certify that the information provided in the application for recognition of training in the selected category above (including logbook details) is true and correct. I also understand that the deliberate provision of false information may result in disciplinary action from my College
- I agree that should my application be successful, the Conjoint Committee can release my details to hospitals on the Committee website to confirm recognition of training.
- I have read the [Guidelines for Recognition of Training in Peripheral Endovascular Therapy](#).

Signed: _____ Date: _____



CONJOINT COMMITTEE FOR THE RECOGNITION OF TRAINING IN PERIPHERAL ENDOVASCULAR THERAPY

Attached Documents

- A certified copy of my Radiation Licence or equivalent
- A de-identified logbook that demonstrates that I have completed the minimum number of procedures in the procedure category for which I am applying. Applicants applying under the 'training' clause must ensure their logbook is signed by their supervisor to verify the completed procedures
- Two Written References
- Supervisor's report (not required for experienced proceduralists)

Application Fees current fees are available on the [website](#)

- Initial application
- Additional or re-application

Payment Options

<ul style="list-style-type: none">• Cheque or Bank draft in Australian currency payable to the Royal Australasian College of Surgeons
The following credit cards are acceptable. Please complete all required details
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Card Number: _____ Expiry Date: _____
Card Holders Name: _____
Card Holders Signature: _____
A tax invoice will be issued after receipt of payment upon request.

Return application form, payment, and documentation by email to:

Secretariat
Conjoint Committee for Recognition of Training in Peripheral Endovascular Therapy
Royal Australasian College of Surgeons
250 Spring Street
EAST MELBOURNE VIC 3002

Enquiries

T: +61 3 9276 7425 E: college.pet@surgeons.org