

Maintenance of Recognition for Interventional Neuroradiology (INR) Specialists recognised by the Conjoint Committee for Recognition of Training in Interventional Neuroradiology (CCINR)

# **Application Requirements for Recognised INR Specialists**

\* This application form should only be used by INR specialists who are currently recognised by the CCINR and are seeking to maintain their recognition.

Applications for maintenance of recognition are assessed by the CCINR, made up of equal representation from:

- Neurosurgical Society of Australasia (NSA)
- Australian and New Zealand Association of Neurologists (ANZAN)
- The Australian and New Zealand Society of Neuroradiology (ANZSNR)

The application fee for maintenance of competency is \$272.00 (incl. GST)

Please note that a written outcome will not be provided until payment is received. The application fee is non-refundable.

Please send your completed application form and supporting documentation to:

The CCINR Secretariat ccinr@ranzcr.edu.au

### **Section One: Personal Details**

(Please print)

Full Name:	
Email:	
Phone:	Mobile:
Address:	



# Section Three: Application Requirements Checklist

Item	Evidence Provided (Please tick)
Completed and signed application form	
Current medical registration with AHPRA or MCNZ	
Logbook containing minimum 100 INR procedures as primary operator or trainer, with a minimum of 20 cases in the preceding year *Logbooks must be submitted in CCINR approved template *Cases included in the logbook must have been reported within and span the applicants 3-year maintenance of recognition cycle	
Cover letter or word document outlining that yourself as the INR Specialist works in a facility, hospital or network that has access to: (a) multidisciplinary care with neurosurgery/vascular surgery/neurology/ICU cover; (b) readily accessible CT, MRI and ultrasound facilities; and (c) ongoing evidence of audit.	
Evidence of participation in INR-specific Continuing Professional Development (CPD) activities	
Evidence of CPD compliance with the relevant College	
*Additional Information requested at the time of your certification (relates to certain individuals with provisional recognition)	

### \*Denotes requirements for specific INR specialists only.

All other items listed above are <u>compulsory</u>. Your application will not be processed unless all required documents listed above are submitted.



## **Section Four: Declaration**

I, (printed name and address of person making the declaration)

make the following declaration:

- 1. The information contained in this application form is accurate and complete, as is the supporting material provided
- 2. I understand and accept that the CCINR may contact a facility, course convener or supervisor declared in my supporting documentation in order to confirm my declared activity
- I agree that should my application be successful, the CCINR will continue to publish my name and state of practice on the CCINR Register found on the CCINR website: <u>http://www.ccinr.com.au/register/</u>
- 4. I agree that to maintain ongoing competency as an INR Specialist and to remain on the register of INR Specialists I am required to make an application to the CCINR every three (3) years (subject to change of CCINR Guidelines).

I certify that the statements and information provided in this application are true in every particular.

Signature of person making the declaration

Date

### **Section Five: Payment**

All payments to the College from individuals are made online via our online portal, MyRANZCR. You will receive an email notification when your invoice is ready for payment.

If you are not a member of RANZCR you will be sent an activation link for MyRANZCR where you will be able to log in and pay your invoice.