



CCINR

CONJOINT COMMITTEE FOR RECOGNITION OF
TRAINING IN INTERVENTIONAL NEURORADIOLOGY

Applicant Declaration

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

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.....
make the following declaration:

1. I have read and understand the information on the CCINR website regarding application to CCINR, and have read the *Conjoint Committee Guidelines for Recognition of Training in Interventional Neuroradiology*.
2. The information contained in my application and supporting documentation is accurate and complete.
3. I understand and accept that the Conjoint Committee INR may contact a Facility, Training Program or the Supervising senior INR specialist declared in my application to confirm my declared INR activity.
4. I agree that should my application be successful, the Conjoint Committee INR will publish my INR recognition status on the CCINR website.
5. I agree that upon being recognised by the Conjoint Committee INR, I will be required to meet minimum ongoing competency and Continuing Professional Development requirements in order to retain such recognition.
6. I agree that point 5 also relates to the maintenance of licences and it is my responsibility as an INR Specialist to keep registrations valid.

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

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Signature of person making the declaration

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Date