



SCCT Endorsement of Cardiovascular CT Training Courses Program
Application

Training Course Title	
Training Program/Institution	
Address	
Address	
City, State, ZIP, Country	
Telephone	
Fax	
Website	
Administrative Contact	
Telephone	
Email	
Training Course Director	
Telephone	
Email	
Training Course Co-Director (If applicable)	
Telephone	
Email	
Date of first training course	
Number of training course participants trained	<input type="checkbox"/> Less than 20 <input type="checkbox"/> More than 20
Contact information for ten recent training course participants	
1. Name	
Telephone	
Email	
2. Name	
Telephone	
Email	
3. Name	
Telephone	
Email	
4. Name	
Telephone	
Email	
5. Name	
Telephone	

Email	
6. Name	
Telephone	
Email	
7. Name	
Telephone	
Email	
8. Name	
Telephone	
Email	
9. Name	
Telephone	
Email	
10. Name	
Telephone	
Email	
A training course curriculum/course description demonstrating the didactic elements as described in the ACCF/AHA clinical competence statement on cardiac CT ¹ is attached with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A training course curriculum/ schedule of lectures and hands-on workstation laboratory time is attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe how participants in the training course submit comments, evaluation and criticism of the training course to the course director(s). Please attach samples of what you describe.	
The curriculum vitae of the training course director(s) must be submitted and must demonstrate scholarly work in the field of cardiovascular CT to include publications, abstracts, relevant invitations to present teaching lectures, previous history of organizing specific cardiovascular CT related meetings, and/or leadership activities within the SCCT.	Training Course Director CV is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Training Course Co-Director CV is attached (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Budoff MJ, Cohen MC, Garcia MJ et al. ACCF/AHA clinical competence statement on cardiac imaging with computed tomography and magnetic resonance. *Journal of the American College of Cardiology*. 2005;46:383-402.

The training course director(s) must be SCCT members in good standing.	Training course director's SCCT member number: Training course co-director's (if applicable) SCCT Member number:
It is recommended that the training course faculty members be SCCT members, but this is not a requirement Please provide a list of faculty members.	List of faculty attached: <input type="checkbox"/> Yes <input type="checkbox"/> No SCCT Member numbers listed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Participants in the training course must have hands-on workstation experience with a maximum of two participants per workstation.	Number of participants per workstation: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more
The minimum amount of time allocated for the interpretation and discussion of each case is a total of 15 minutes which includes interpretation of the data set and discussion.	Total time scheduled for interpretation and discussion of all cases during training course (in minutes): _____ Total cases covered during training course: _____ Allocated time per case covered during training course: _____
Clinical correlation by invasive coronary angiography must be available for CT datasets read.	<input type="checkbox"/> Available <input type="checkbox"/> Not available
Please attach a sample certificate of participation. A suggested template is available from the SCCT.	<input type="checkbox"/> Is attached <input type="checkbox"/> Is not attached
A sample reading list of the cases read and interpreted, using anonymous patient listing or initials, or code number, etc., enumerating and identifying the indication and diagnosis for each component of training, should accompany the certificate giving credit for the cases, for future reference.	<input type="checkbox"/> Is attached <input type="checkbox"/> Is not attached
If approved for SCCT endorsement, the training course will request use of the SCCT logo under the guidelines listed in the Instructions and Information document.	<input type="checkbox"/> Yes <input type="checkbox"/> Not

Signature of Applicant: _____ Date: _____

Return completed application, additional documentation, and payment to:

Society of Cardiovascular Computed Tomography

415 Church Street, NE • Suite 204

Vienna, VA 22180

800-876-4195 • www.scct.org

Fax: 888.849.1572



SCCT Endorsed Training Course Program Application Fee Payment Form

Endorsement Application Fee: _____ \$1,500

Please type or print clearly

Name _____
First Name Initial Last Name Degree

E-mail _____

Billing Address _____

City _____ State _____ Zip Code _____

Payment Method:

1. Check/Money Order payable to: ***Society of Cardiovascular Computed Tomography***

2. Visa, Discover, MasterCard or American Express. Credit card registrations may be faxed to 888-849-1542.

Card # _____ CVV Code _____ Expiration Date _____

Authorized Signature _____

Mail this form with your payment and application to:

Society of Cardiovascular Computed Tomography
415 Church Street, NE, Suite 204
Vienna, VA 22180
www.scct.org
Phone: 800-876-4195 or 703-766-1706
Fax: 888-849-1542
Email: info@scct.org