

# REGISTER FOR DIAGNOSTIC CT CREDENTIALING COURSE FOR IA16D LICENCE

**Join the 500+ NMTs across Australia and NZ who have completed the RAINS CT course.**

## **CT Certification Pathway**

Approved by the NSW EPA in 2021 RAINS will re-run the CT certification course to gain licencing for NMTs for performing diagnostic CT (IA16D). CSU and Newcastle students now graduate with full diagnostic CT certification so qualified practitioners need the opportunity to upgrade in a cost effective, flexible & convenient manner. Similar reciprocal arrangements have been negotiated locally in New Zealand and other states of Australia.

For those wishing to pursue the IA16D licence or equivalent in their state, the program comprises 3 components:

- 1). Self study module that will be completed in the months April – October 2021.
- 2). The lecture modules will be delivered as recorded presentations with a total of 14 hours.
- 3). A log book of the equivalent of 3 weeks full time supervised practice in diagnostic CT.

# CT Certification Registration

**Date cut-offs  
apply!**

## Registration fee includes:

- Part 1 course material including notes, readings and textbook
- Part 2 CT workshop sessions recorded
- Part 3 log book
- Part 1 and part 2 examinations
- Certificate of completion (needed for NSW EPA)

Queries or questions?

Please contact Geoff Currie at: [gcurrie@csu.edu.au](mailto:gcurrie@csu.edu.au)

**Send a RAINS membership application with your registration form and get the member discount and have 2021 member fee included in your registration ([www.rains.asn.au](http://www.rains.asn.au)).**

Tick Appropriate Boxes	Standard Registrations (close 31 August 2021)	Early Bird (before 30 April 2021)	Super Early Bird (by 31 January 2021)
RAINS Member (part 1 & 2)	\$900 <input type="checkbox"/>	\$800 <input type="checkbox"/>	\$700 <input type="checkbox"/>
Non Member (part 1 & 2)	\$1000 <input type="checkbox"/>	\$900 <input type="checkbox"/>	\$800 <input type="checkbox"/>

**All values are Australian dollars (\$AU).**

**Please provide a clear postal (inc post code) & email address in order to receive part 1 and part 2 material and information.**

**Please return this form with payment to:**  
(cheque or money order made payable to 'ACE')  
The Convenor, RAINS Conference  
PO Box U102, CSU, Wagga Wagga 2678.

## Your details:

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Postal Address (clearly): \_\_\_\_\_  
\_\_\_\_\_

Email (clearly): \_\_\_\_\_

Telephone: \_\_\_\_\_

RAINS member yes / no

## Direct Deposit Payments:

Account name: ACE  
BSB: 032769  
Account number: 683329

**Identifier: Your surname and initial**

**Please send completed registration form ASAP after direct deposit, and provide the date of direct deposit and amount.**

Date of deposit:

Amount:

Conform identifier:

**Confirm you are a registered (AHPRA) nuclear medicine technologist (circle)      yes / no**