



The SCCT – Jason W. Mayo Technologist Certificate of Competency Application

The SCCT – Jason W. Mayo - Technologist Certificate of Competency Program recognizes those technologists who have a more in-depth understanding of the utility and diagnostic capability of Cardiovascular Computed Tomography (cardiovascular CT).

Earning the Technologist Certificate of Competency will enhance your career and increase your knowledge and your stature with your patients as well as your peers, by showing your abiding commitment to providing the highest quality care and having extraordinary expertise and experience.

SCCT Member: Yes No If Yes, please supply your membership ID#: _____

Name: _____ Sex: Male Female
 First **Middle** **Last**

Facility/Employer Name: _____ Job Title: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Daytime Phone: _____ Email: _____

Application Requirements (Please choose Clinical or Industry Specialist):

Clinical Specialist

- I am ARRT certified in CT (international applicants should provide equivalent credentialing) (Please submit a copy of your ARRT card)
- I am compliant with ARRT bi-annual continuing educational requirements
- Have 20 Cardiac CT based CE credits within the previous 5 years (Please provide a listing of credits and copies of certificates demonstrating you have earned these credits)
- I have participated in and/or performed 150 Cardiac CT Cases within the last 2 years before application, 100 of the 150 cases are contrast-enhanced cardiac computed tomography studies. (Please submit anonymous case log along with application, visit scct.org/tnc to download a case log form)
- Signature of Attending Physician or Medical Director (Complete on page 2)

Industry Specialist (Please choose one of 3 specialist areas)

Application Specialist

- I am an ARRT certified technologist registered in CT (international applicants should provide equivalent credentialing) (Please submit a copy of your ARRT card)
- I am compliant with ARRT bi-annual continuing educational requirements and 20 Cardiac CT based CE credits (please provide a listing of credits and copies of certificates demonstrating you have earned these credits)
- I have performed 5 CTA trainings in the last calendar year (Please submit list with application)
- At least two times a year I train customers on CT Scanners (this includes: how to use them, how to develop protocols, applications including cardiac CT and other applications) Please submit list with application
- I train on how to scan a cardiac CT exam, and also how to process the exam for the radiologist/cardiologist to read
- Signature of Direct Supervisor (Complete on page 2)

Product Specialist

- I am an ARRT certified technologist registered in CT (international applicants should provide equivalent credentialing) (Please submit a copy of your ARRT card)
- I am compliant with ARRT bi-annual continuing educational requirements and 20 Cardiac CT based CE credits (Please provide a listing of credits and copies of certificates demonstrating you have earned these credits.)

- I have performed 5 CTA trainings in the last calendar year (Please submit list with application)
- I have been at my current job for at least 1 year
 - Month and year I started my job _____
- Signature of Direct Supervisor (Complete below) *continued on back*

- Educational Specialist
 - I am an ARRT certified technologist registered in CT (international applicants should provide equivalent credentialing) (Please submit a copy of your ARRT card.)
 - I am compliant with ARRT bi-annual continuing educational requirements and 20 Cardiac CT based CE credits (Please provide a listing of credits and copies of certificates demonstrating you have earned these credits.)
 - I have performed 5 CTA trainings in the last calendar year (Please submit list with application)
- Signature of Direct Supervisor or Medical Director (Complete below)

Direct Supervisor, Physician, or Medical Director Information (to be filled out by direct supervisor, physician or medical director):

- I verify that the applicant has met all of the above criteria for their specialty area and the application is accurate to the best of my knowledge.

Signature: _____ Title: _____
Direct Supervisor, Physician, or Medical Director

Printed Name: _____ Date: _____

Email Address: _____ Phone: _____

Facility Name: _____

I hereby certify that all information on this application are accurate, and agree that the Society of Cardiovascular Computed Tomography may verify any included data.

X _____
Signature of Applicant **Date**

Application Fees:

- SCCT Member: \$75
- Non-Member: \$100

Payment Information:

- Enclosed is a check (USD) made payable to the SCCT
- Credit card information is as follows:

Credit Card: Visa Master Card American Express Discover

 Card Number Expiration Date CVV Code

 Signature

Credit Card Billing Address:

Submit Application to: SCCT • 415 Church Street, NE • Suite 204 • Vienna, VA 22180 • 888-849-1542

Technologist Certificate of Competency Applications will be reviewed monthly. Approved applicants will receive a certificate of competency from SCCT. All recipients will be recognized on the SCCT website.

**Please note: To maintain your SCCT Technologist Certificate of Competency you must renew your certification every 3-years (SCCT member fee = \$50, non-member fee = \$100)*