

The Society for Vascular Technology of Great Britain and Ireland



Practical Exam Application Form for RE-accreditation 2016

Applicants for the resit practical exam

- Must be an ordinary member of the SVT
- Be **currently employed in the UK or Ireland** to perform vascular diagnostic investigations.
- Have been employed in the UK or Ireland to perform vascular diagnostic investigations **for at least 6 months** prior to applying to sit the practical exam.
- Have a Science degree.
- Have passed both theory exams within the last 5 years.
- Have carried out at least 25 scans from each of core modalities 1-3 in the preceding 3 months prior to applying to sit the practical exam.
- Must provide a reference from their line manager and a vascular surgeon.
- Not have failed the practical exam in the last 6 months

Please ensure you have read **The Accreditation Document** before filling in this form.

Send to: Anne Delos Santos

SVT Education Committee c/o Vascular Laboratory
E floor West Block
Queens Medical Centre
Nottingham University Hospital
Derby road Nottingham
NG7 2UH

Fax: 01159194438

Email: Anne.DelosSantos@nuh.nhs.uk

Applicant Details

Applicants for the practical exam must be an ordinary member of the SVT

SVT Membership number:.....

Date of Birth:.....

Surname.....

First name.....

Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Other

Daytime contact telephone number

Email address.....

Applicants for the practical exam must be currently employed in the UK or Ireland to perform vascular diagnostic investigations

Current job title:

Current Employer/Hospital:.....

Applicants for the practical exam must have been employed in the UK or Ireland to perform vascular diagnostic investigations for at least 6 months prior to applying to sit the practical exam.

Start date of UK or Ireland employment:

Work address where examination is to take place
Postcode

Applicants preferred mailing address (if different from work address)
Post code

Applicants must have carried out at least 25 scans from each of core modalities 1-3 in the 3 months prior to applying to sit the practical exam.

	Fill in the number of scans in the last 3 months*
Core Modality 1 – Carotid duplex	
Core Modality 2 - Peripheral arterial duplex	
Core Modality 3 - Peripheral Venous duplex	

NB: Copies of the reports of the above scans and local protocols must be available to the examiners on the day of the practical assessment. The reports must demonstrate that the majority of the scans found pathology and were not “normal”.

*See Appendix 1 of
The Accreditation Document for eligible scans

Academic Details

- Applicants will be expected to hold a relevant **science degree** prior to Accreditation training.
- The Society will consider equivalent professional qualifications or experience (e.g. radiography).
- Qualifications below degree level may be considered on individual merit in the case of those entering the profession before 2001.

Undergraduate Education

Name of university.....

Title of degree.....

Class of degree

Year degree awarded.....

NB: A copy of your degree certificate must be forwarded with this application.

Postgraduate Education (if applicable)

Name of university.....

Title of degree

Year degree awarded.....

Theory Exams/CPD

- Applicants for the practical exam must have passed both theory exams in the last five years.
- Please insert your exam marks in the table below

	2016	2015	2014	2013	2012	2011*
Physics, Haemodynamics and Instrumentation						
Vascular Technology						
CPD Points						

NB: A copy of your exam results letter must be forwarded with this application.

*2011 exam results are only valid for candidates applying between Jan and May 2016.

Nominated Internal Examiner

Please nominate an internal examiner (this may be your line manager or another senior colleague). They must be an ordinary member of the SVT, have been registered as an AVS for at least 1 year and be maintaining CPD and clinical competency as required in the Accreditation Document.

SVT Membership number:.....

Title: Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Prof ☐

Surname.....First name.....

If you are unable to nominate a suitable internal examiner please explain why

.....
.....

Please note the Education committee has agreed that a reference form will also be sent to the internal assessor to confirm the eligibility of the applicant, in the absence of the internal and 2 external will be appointed then 2 vascular reference has to be provided. Please see reference sheet.

Payments:

Option 1

Enclose a cheque of £ 150 made payable to the Society for Vascular Technology GB & I

Option 2

Please make payment via BACS transfer to:

Sort Code: 560031 Account Number: 96408715 (SVT of GB&I)

References

Applicants must provide the names of their line managers from throughout their training period and a vascular surgeon to act as referees. If you have held several posts during your training please provide details of previous managers on a separate sheet.

Line manager
Name
Address
Postcode
Email
Telephone
Internal Assessor
Name
Address
Postcode
Email
Telephone

Vascular Consultant
Name
Address
Postcode
Email
Telephone
Vascular Consultant
Name
Address
Postcode
Email
Telephone

Declaration by applicant

	Please Tick	SVT office use only
I am an ordinary member of the SVT	<input type="checkbox"/>	
I am currently employed in the UK or Ireland to perform vascular diagnostic investigations	<input type="checkbox"/>	
I have been employed in the UK or Ireland to perform vascular diagnostic investigations for at least 6 months.	<input type="checkbox"/>	
I have carried out at least 25 scans from each of core modalities 1-3 in the 3 months prior to applying to sit the practical exam and will ensure local protocols and all of these reports are available to the examiners on the day.	<input type="checkbox"/>	
A copy of my degree certificate is included.	<input type="checkbox"/>	
I have passed both theory exams in the last 5 years.	<input type="checkbox"/>	
Copies of my exam results letters are included.	<input type="checkbox"/>	
I have nominated a suitable AVS internal assessor	<input type="checkbox"/>	
I have provided the names of at least two referees	<input type="checkbox"/>	
I have enclosed the exam fee of £150/€180	<input type="checkbox"/>	
Cheques to be made payable to the Society for Vascular Technology of Great Britain and Ireland.	<input type="checkbox"/>	
I understand if I fail the exam I will not be able to apply to retake it for at least 6months.	<input type="checkbox"/>	

I understand that the SVT reserves the right to refuse entry to examination if do not fulfil the entry requirements. Eligibility for accreditation is at the discretion of the SVT and is not subject to negotiation.

I understand that the SVT reserves the right to refuse assessment for candidates not in possession of the relevant identification. If I do anything which is not authorised or which is prohibited by the SVT in connection with the SVT practical exam, I understand that my exam result may be voided and such activity may be subject to disciplinary action. I will receive no refund of the exam fee nor credit for future examination.

I authorise the SVT to request information concerning matters relevant to this application, certification, or re-certification which are, or become, untrue or misleading. I authorise the SVT to communicate information concerning my accreditation status to health authorities, employers, and others.

I understand that review of the adequacy of exam and its administration will be limited to panel review and/or exam retaking as provided by the SVT. I waive all future claims of examination review and any other claim against the SVT and its officers, agents and committee members.

I understand that the decision as to whether my examination results qualify me for accreditation rests solely and exclusively with the SVT and that the decision is final.

By signing, I acknowledge that I have read and understood this information and agree to abide by these terms.

Signed Date.....

Print full name.....

