

Application for Accreditation by ANMPI as
Nuclear Medicine Technician Training Site -2016

Was your center accredited for training in the past ? Yes / No

(if yes, give details)

1 Name of the organization:

Postal address:

Name & Designation of person authorized to represent the owner:

Phone No.:

Email:

2 Mention Type of your organization: (tick what is appropriate):

Govt institution - Central/state

Quasi-govt / Autonomous Institution

Corporate Hospital

Private Limited Company

Trust Hospital or Charitable organization

Proprietary concern

4. Other instruments used if any : tick what is appropriate and provide details.

Rectilinear scanner	-----
Thyroid Uptake probe	-----
Sentinel Node Probe	-----
RIA Lab	-----
Well counter	-----

8 Is High Dose Therapy facility available: (yes / no). If yes, how many beds?

6. Is PET-CT available in your center? (yes/No) If yes give details.

7. Nuclear Physicians attached: (mention full time or visiting)

Attach a brief of CV of the physicians where necessary

<u>Name</u> <u>of joining</u>	<u>Qualification</u>	<u>Experience</u>	<u>Date</u>
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(i)

(ii)

8 Technologists available on site: Attach CV of Senior Techs who can serve as faculty

<u>Name</u> <u>of joining</u>	<u>Qualification</u>	<u>Experience</u>	<u>Date</u>
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(i)

(ii)

(iii)

9 Name the person who is the AERB approved RSO for your center:

10 How much Molybdenum is being procured? Mention quantity & frequency

11 Total number of scanning procedures carried out with Gamma Camera:

During the year 2011:

During the year 2012:

12 What is the average number of the following procedures performed in a month?

Tc99m Thyroid Scan

MDP Bone scan

DTPA / EC Dynamic Renal Scan

DMSA Renal cortical scan

Myocardial Perfusion Scans

G I T procedures: Biliary, etc.

Whole Body Iodine scan

13. Do you perform any of the following procedures? Say yes or no

ECD / HMPAO Brain Perfusion SPECT

Gallium scan

Scintimammography

HMPAO Leucocyte scintigraphy

Others if any, mention

14. How much I-131 is procured in your centre? :

Solution - quantity & frequency

Capsules – activity & frequency

15. Is there an on-going DRM/MD/DNB Nucl Med training program in your centre?

If yes, give details.

16. Is your lab affiliated with any other paraclinical or paramedical training courses ?

(like Radiographer, Imaging Technology, Nursing, Physician Assistant course etc)

17. Are you willing to provide on demand by ANMPI documentary evidence to substantiate the above information?

18. Are you willing to accept inspection by ANMPI representatives to study the adequacy of the lab to impart this training?

We hereby apply for Accreditation of our Nuclear Medicine facility as ***“Nuclear Medicine Technician Training Site”*** and we confirm our willingness to participate in the **“National Coordinated In-field NM Technician Training Program”** under the auspices of ANMPI.

If so accredited, we agree (i) to nominate our training candidate/candidates as per the eligibility criteria and (ii) to implement the training as per the norms and guidelines from ANMPI.

Signature:

Signature:

Name:

Name:

Date:

Date:

Supervising Nuclear Physician:

Representative of the Organization

ANMPI Membership No.

Office Seal:

This application for training site accreditation for 2015 should reach the address given below by 15 September 2015:

**Dr N.Kavitha
Prof & HOD
Nuclear medicine
NIMs,Punjagutta,Hyderabad - 500082**

e mail: d_kavithareddy@rediffmail.com