



**The Hong Kong College of Radiographers and Radiation Therapists**  
**Statement of Clinical Experience in Computed Tomography**  
**for Admission of Member of HKCRRT**

*This statement must be completed in full and signed by the applicant and his/her supervisor before it can be processed.  
The HKCRRT reserves the right to request the applicant to provide the detailed records of clinical experience.*

**To be completed by the applicant**

Title (circle one): Mr. Mrs. Ms. Dr.

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

Department: \_\_\_\_\_ Hospital/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. (Work): \_\_\_\_\_ Tel. (Mobile): \_\_\_\_\_ E-mail: \_\_\_\_\_

Certificate Examination of CT of HKCRRT undertaken on \_\_\_\_\_ (dd/mm/yy)

I, \_\_\_\_\_ certify that I have performed the followings:

- **400 CT examinations within a 2-year period and there should have:**
  - Not less than 200 examinations of the head and neck
  - Not less than 30 examinations of the musculoskeletal regions including spine
  - Not less than 150 examinations of the thorax, abdomen and pelvis
  - Not less than 10 CT angiograms other than cardiac
  - Not less than 5 Cardiac CT angiograms
  - Not less than 5 interventional CT procedures

**Supervisor's Verification**

I, \_\_\_\_\_ supervisor of the above applicant verify that the individual has successfully completed the clinical experience requirement during the time period described above.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Hospital/Institution: \_\_\_\_\_