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| **DEPARTMENT/NETWORK NAME** |  |
| **SUPERVISING RADIOPHARMACEUTICAL SCIENTIST** |  |
| **TYPE OF APPLICATION**  | INITIAL:  | RENEWAL:  |

 *Please complete this checklist to ensure that you are providing the necessary information for assessment of your department/network for ACPSEM accreditationto train in the Training, Education and Assessment Program (TEAP)*

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| **EVIDENCE** | **DETAILS** | **COMPLETE** |
| **1** | **DEPARTMENT ACCREDITATION SPREADSHEET** | This spreadsheet provides details of staffing, equipment, facilities available on site, and techniques used in the department. It must also contain the same information for each network partner. | YES [ ] N/A [ ]  |
| **2** | **EVIDENCE OF COMMITMENT TO TEAP** | Letter of support from HOD. This letter should outline the physical facilities available to host a registrar(s), agreement to give access to clinical experiences as required by the curriculum, the support provided for registrars to attend workshops, conferences and other external training opportunities, and the commitment to providing a registrar(s) protected time to complete TEAP learning requirements. | YES [ ] N/A [ ]  |
| **3** | **NETWORK AGREEMENTS**  | If network partners are required for completion of all TEAP activities, Network Partner Agreements (NPA) to be provided.These should detail areas of TEAP to be covered by the network partner and include any financial arrangements required. | YES [ ] N/A [ ]  |
| **4** | **TRAINING PLAN** | Description of training experiences that will be gained by time spent in both site and network partner sites.Identify how each Key Area will be completed in the department.Nominate those Key Areas or individual Learning Outcomes to be completed at partner sites.  | YES [ ] N/A [ ]  |
| **5** | **REGISTRAR’S POSITION DESCRIPTION** | Include a copy of the position description to be used as part of the recruitment/HR process | YES [ ] N/A [ ]  |