



Royal Australasian
College of Surgeons



Gastroenterological
Society of Australia



The Royal Australasian
College of Physicians

Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy

Capsule Endoscopy Application Form (Please use block letters)

Applicant Name : _____

Current Hospital: _____

Email: _____

Mobile: _____

Are you currently recognised by the Australian Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE)?

- Yes – Please proceed.
- No – Please complete CCRTGE recognition of your training.

CHECKLIST

- I have checked that my CCRTGE online account details (email, workplace etc.) are up to date.

I have attached (tick boxes when complete):

1. Evidence of completion of a suitable Capsule Endoscopy workshop.
2. A logbook of 50 completed capsule endoscopy procedures including 10 with abnormal findings.
3. Anonymous, **COLOUR** scope reports, including high resolution images, for the 10 abnormal cases with each page of each report marked with the log # from the logbook.
4. This form.

The fee has been waived for applications received before 15 March 2016.

SUBMISSION

Scan all the documents, including this application form, into a single **COLOUR** “.pdf” file.
Email the “.pdf” file to “conjoint@gesa.org.au” with the subject line:
“Capsule Application for [*insert your name here*]”.