

THE INTERNATIONAL ACADEMY OF CYTOLOGY
L'ACADEMIE INTERNATIONALE DE CYTOLGIE
INTERNATIONALE AKADEMIE FÜR ZYTOLOGIE
ACADEMIA INTERNACIONAL DE CITOLOGIA

OFFICE OF THE SECRETARY-TREASURER

Fernando Schmitt, MD, PhD, FIAC

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Email: centraloffice@cytology-iac.org Website: www.cytology-iac.org

Prerequisites for sitting the IAC Comprehensive Cytotechnology Examination and attaining the title CT(IAC).

Three (3) years of full-time experience in cytotechnology is required immediately prior to taking the examination.

The individual must be employed as a cytotechnologist at the time he/she sits for the examination

Two letters of recommendation:

One from the current pathologist employer

One from a previous teacher in cytotechnology, or a leading pathologist in your community, or a member of the International Academy of Cytology

Cytotechnologists working and living in a country with a national registry for cytotechnologists (such as Australia, Canada, Germany, Japan, the Netherlands, New Zealand, South Africa and the United States) must have passed their national examination prior to applying for the IAC Comprehensive Cytotechnology examination.

Please note: Each country has its own eligibility requirements for those wishing to work as a cytotechnologist. Before moving to another country it is advisable to check the eligibility requirements.

*For individuals immigrating or seeking permanent residence in the United States of America or Canada, the CT(IAC) examination **does not** circumvent state or federal work regulations or national certification.*

The examination may be given in Chinese, English, Dutch, French, German, Portuguese or Spanish. Anyone wishing to sit the examination in any other language must request this at least 4 months in advance.

Application forms must be received in the Office of the IAC Secretary by the deadline date shown on the examination schedule on the IAC website. (www.cytology-iac.org/home/examination-schedule)

Continuing Education Credits

In order to maintain the CT(IAC) status, 180 continuing education credits are required for every four-year period from the year of the examination. Participation in the continuing education program is mandatory. Renewal form and further information is available at the IAC website. (www.cytology-iac.org/ctrenewalinformation)

Details about the examination

Once an application has been approved further information in regard to format and location is provided. A microscope is supplied at the examination site.

The examination encompasses all fields of diagnostic cytology (not only gynecologic cytology) and is given in three parts:

- 1) Microscopic slide examination testing two levels of decision-making ability, multiply-choice format
- 2) Multiple-choice test on visual images
- 3) Multiple-choice test on general knowledge in cytophysiology and cytopathology

Examination Fee

Currently the fee is USD 100 or Euro 80 (fee is subject to change). Payment options are available on the Payment Options sheet of the application form.

If an application is not approved the fee will be returned.

No refund will be made if a candidate is approved but does not appear at the examination site.

The fee to reschedule the exam is USD 20. The Office of the Secretary has to be informed in advance if you are unable to attend.

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APPLICATION FOR COMPREHENSIVE CYTOTECHNOLOGY EXAMINATION

Family Name:						
Given and middle names						
Current address:						
Current address:						
Current address:						
Country:						
Date of Birth:		Day		Month		Year
Country of Birth:			Present citizenship:			
Work Telephone:						
E-mail:						
IMPORTANT: please write your e-mail clearly. If you do not receive confirmation of receipt please e-mail this office.						
LANGUAGE - I wish to take the exam in: (Please mark with X)						
Chinese	Dutch	English	French	German	Portuguese	Spanish
For which examination date and location are you applying? www.cytology-iac.org/home/examination-schedule						
Date:						
Location:						
CURRENT CYTOLOGY EMPLOYMENT HISTORY						
Current employer:				Date employment started?		
Employer address:				Month		
Employer address:				Year		
Are you full time employed?	Yes	No	If "NO" how many hours a week are you employed?			
Indicate the activity which best describes what you do. (mark with X)						
Screening	Supervisory Capacity		Teaching		Research	
Approximate number of slides you screen per day:						
Does your laboratory perform Liquid Based evaluation?		Yes	No			

Describe type and average yearly volume of cytology performed in laboratory in which you are currently employed. (Slides per year)				
Female genital tract	Body fluids	Respiratory tract	Fine needle aspirates	
Gastrointestinal	Genitourinary	Other		
TOTAL YEARS OF EXPERIENCE IN CYTOTECHNOLOGY INCLUDING TRAINING PERIOD:			Years	
PAST CYTOLOGY EMPLOYMENT HISTORY				
Previous Employer:		From.	Until:	
Address				
Address:				
In what capacity:				
Previous Employer:		From.	Until:	
Address:				
In what capacity:				
TRAINING IN CYTOTECHNOLOGY				
Training period is considered as experience. Experience				
Name of school or Teaching Institution.				
Address:				
Length of Cytology Training:	Began:	Completed:		
Describe type and average yearly volume of cytology performed in laboratory associated with your cytology training school (state slides per year of school laboratory)				
Female genital tract	Body fluids	Respiratory tract	Fine needle aspirates	
Gastrointestinal	Genitourinary	Other		
TOTAL TECHNICAL EXPERIENCE IN CYTOTECHNOLOGY				
Figure and enter the approximate number, estimating your total experience in cytotechnology for the following: (If non enter "zero"; estimate to the nearest hundred, thousand etc. Do not write "tens", "hundreds" etc.)				
To the best of my knowledge my total life-time experience in cytotechnology is as follows (slides)				
Female genital tract:		Respiratory tract:		
Gastrointestinal tract		Genitourinary tract:		
Body fluids:		Fine needle aspirates:		
Other:				
GENERAL EDUCATION				
GENERAL EDUCATION	NAME AND LOCATION	YEARS SPENT	DEGREE	YEAR OF GRADUATION
Grade School or Primary School				
High School or Gymnasium				
College				
University				

OTHER TRAINING				
TRAINING IN TECHNICAL FIELDS OTHER THAN CYTOTECHNOLOGY	NAME AND LOCATION	MONTHS SPENT	DEGREE	YEAR OF GRADUATION
Medical Technology School				
Histotechnology School				
Tissue Culture Training				
Other (specify)				
AFFIDAVIT SIGNED BY APPLICANT				
I solemnly declare that – to the best of my knowledge – all statements made on this application are true.				
Signature of applicant			Date	
NAME TO BE INSERTED INTO REGISTRY CERTIFICATE				
If awarded the CT(IAC) Registry Certificate, I wish my name to appear on the certificate as follows:				
First Name	Middle Name	Last Name		
REQUIRED ENCLOSURES – DO NOT SEND ORIGINAL DOCUMENTS				
We recommend that you keep a copy for your own files.				
The following items must accompany this application				
A. Two (2) letters of recommendation			Yes	No
One from your current pathologist employer The other from your previous teacher in cytology; or a leading pathologist in the community; or a member of the International Academy of Cytology			Yes	No
B. One photograph – passport size			Yes	No
C. If there is a national registry examination for cytotechnologists in your country and/or the country in which you are currently working (such as Australia, Canada, Germany, Japan, the Netherlands, New Zealand, South Africa, United States of America) it will be necessary to send a copy of the Cytotechnology Registry Certificates. For German candidates please submit a copy of your certificate from the Deutsche Gesellschaft für Zytologie			Yes	No
			Not applicable	
D. Official transcripts of your educational background. This is not needed if the applicant attaches a copy of a national registry certificate. (See B above).			Yes	No
			Not applicable	
E. Examination Fee USD 100 or Euro 80 – See page 4			Yes	No
Please do not submit this application unless all of the above enclosures accompany the application. If it is legally impossible to transfer USD funds from your country, you may delay payment of the fee until the day you sit the examination.				
The applicant will be notified by e-mail if the application is approved.				
The fee will be refunded if the applicant is not accepted to sit for the examination.				
No refund will be made if the candidate is approved but does not appear at the examination site.				
THE APPLICATION SHOULD BE SENT TOGETHER WITH THE ABOVE ENCLOSURES TO:				
<p>Fernando Schmitt, MD, PhD, FIAC Secretary-Treasurer International Academy of Cytology Burgunder Str. 1 79104 Freiburg Germany</p>				
Email: centraloffice@cytology-iac.org			Website: www.cytology-iac.org	

CT(IAC) EXAMINATION APPLICATION FEE

Name:

How are you paying?

(1) (2) (3) (4)

(1) Travellers Cheques USD100

(2) VISA or Mastercard USD 100

(3) On-line Paypal USD / Euro

(4) Euro bank transfer

VISA OR MASTERCARD CONSENT

Month/Year



Expiry

Signature of card holder

Date

✂

US DOLLARS 100

- 1) Travellers cheque payments in United States Currency
- 2) Credit card consent must be in USD – VISA or Mastercard only
- 3) On-line Payment: www.cytology-iac.org/registry-for-cytotechnologists-11/examination-fee

EURO 80

- 4) Electronic Bank transfer, please cover all bank charges
International Academy of Cytology, Deutsche Bank 24, Rotteckring, 79098 Freiburg, Germany
Account Nr. 215 1470 00, IBAN: DE86680700240215147000 /BIC/SWIFT: DEUTDEDBFRE
Reference: Name of applicant.

US DOLLAR 100 (L'Académie ne peut accepter des chèques personnel ou des Eurochèques.)

- 2) Mastercard/Visacard
- 3) On-line Paypal: www.cytology-iac.org/registry-for-cytotechnologists-11/examination-fee

EURO 80

- 4) Transfert de fonds:
International Academy of Cytology, Deutsche Bank 24, Rotteckring, 79098 Freiburg, Germany
Account Nr. 215 1470 00, IBAN: DE86680700240215147000, BIC/SWIFT: DEUTDEDBFRE
Reference: Nom de candidat.

US DOLLAR 100 (La Academie no puede aceptar cheques personales ni Eurocheques.)

- 2) Mastercard/Visacard
- 3) On-line Paypal: www.cytology-iac.org/registry-for-cytotechnologists-11/examination-fee

EURO 80

- 4) Por traspaso de fondos directamente a nuestra cuenta:
International Academy of Cytology, Deutsche Bank 24, Rotteckring, 79098 Freiburg, Germany
Account Nr. 215 1470 00, IBAN: DE86680700240215147000, BIC/SWIFT: DEUTDEDBFRE
Reference: Nombre de candidato.

EURO 80

- 4) Überweisung von Euro:
International Academy of Cytology, Deutsche Bank 24, Rotteckring, 79098 Freiburg, Germany
Account Nr. 2151470 00, BLZ 68070024,
IBAN: DE86680700240215147000 BIC/SWIFT: DEUTDEDBFRE
Zahlungsgrund: Name und Vorname