



PRE-CLINICAL HOURS DECLARATION FORM CT

Applicants Name	
Applicants Address	
Employment Address	
Mobile Phone Number	
E-mail Address	
Duration of Pre-course clinical experience	<ul style="list-style-type: none">• Number of days or weeks:
Scope of Pre-course clinical experience	<ul style="list-style-type: none">• Type of CT scanner that you work on.• Types of CT examinations observed or undertaken.• Other CT experience.

I confirm that the above named applicant has undertaken the requisite pre-course clinical experience in CT.

RSM or CSR Signature: _____ Date: _____