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

OFFICE OF THE SECRETARY-TREASURER
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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	
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 C above).	Yes No Not applicable
E. Examination Fee Euro 90 - online payment	Yes No

Payment by credit card, Apple Pay or PayPal: Please follow the link below, enter your name and examination site, you will then be directed to the secure payment platform of your choice.

Online Payment: https://www.cytology-iac.org/registry-for-cytotechnologists-11/examination-fee

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:

As a PDF-attachment:

Email: centraloffice@cytology-iac.org

Postal:

Caution: Airmail can be held up by German customs.

Fernando Schmitt, MD, PhD, FIAC Secretary-Treasurer International Academy of Cytology
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Germany