

# 国際細胞検査士試験出願方法の詳細説明

## 【願書について】

IAC 願書は全部で4 ページあります。

1 ページ目は受験資格等の説明で、2～4 ページに必要事項を入力してください。

内容を良くお読みになり、入力漏れ等無い様よくご確認いただいてからご提出願います。

提出書類に不備があった場合は、再提出していただく事になりますのでご注意ください。

## 1 ページ目

### IAC 試験について受験資格等の説明

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

OFFICE OF THE SECRETARY-TREASURER  
Fernando Schmitt, MD, PhD, FIAC  
Wilhelmstr. 24a, 79098 Freiburg, Germany  
Telephone: +49 761 292 3801, Fax: +49 761 292 3802  
Email: central@iaccytology-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/normal/examination-schedule](http://www.cytology-iac.org/normal/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/crenewalinformation](http://www.cytology-iac.org/crenewalinformation))

**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, multiple-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.

## 2～4 ページ目

### 願書

**全てを入力してください**

THE INTERNATIONAL ACADEMY OF CYTOLOGY  
L'ACADEMIE INTERNATIONALE DE CYTOLOGIE  
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Email: central@iaccytology-iac.org Website: [www.cytology-iac.org](http://www.cytology-iac.org)

**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  Japanese  Spanish

For which examination date and location are you applying? [www.cytology-iac.org/home/examination-schedule](http://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

《願書詳細説明と記入方法》

全て英語で入力してください。

THE INTERNATIONAL ACADEMY OF CYTOLOGY  
L'ACADEMIE INTERNATIONALE DE CYTOLOGIE  
INTERNATIONALE AKADEMIE FÜR ZYTOLOGIE  
ACADEMIA INTERNACIONAL DE CITOLOGIA  
OFFICE OF THE SECRETARY-TREASURER  
**Fernando Schmitt, MD, PhD, FIAC**  
Wilhelmstr. 24a, Hinterhaus  
79098 Freiburg, Germany  
Telephone: +49 761 292 3801, Fax: +49 761 292 3802  
Email: [centraloffice@cytology-iac.org](mailto:centraloffice@cytology-iac.org) Website: [www.cytology-iac.org](http://www.cytology-iac.org)

**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: 注1 81-3-5577-4683			
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 <input type="checkbox"/>	Dutch <input type="checkbox"/>	English <input type="checkbox"/>	French <input type="checkbox"/>
German <input type="checkbox"/>	Japanese <input checked="" type="checkbox"/>	Spanish <input type="checkbox"/>	
For which examination date and location are you applying? <a href="http://www.cytology-iac.org/home/examination-schedule">www.cytology-iac.org/home/examination-schedule</a>			
Date: June 24 2023			
Location: Tokyo Japan			
CURRENT CYTOLOGY EMPLOYMENT HISTORY			
Current employer: 所属先名		Date employment started 入社日(下に記入)	
Employer address: 勤務先住所		Month	
Employer address:		Year	
Are you full time employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "NO" how many hours a week are you employed?
Indicate the activity which best describes what you do. (mark with X) どの分野で勤務しているか			
Screening <input type="checkbox"/>	Supervisory Capacity <input type="checkbox"/>	Teaching <input type="checkbox"/>	Research <input type="checkbox"/>
Approximate number of slides you screen per day: 一日約何枚のスクリーニングを行っているか?			
Does your laboratory perform Liquid Based evaluation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

勤務先は「液状検体」を行っていますか?

受験者の住所、  
誕生日、電話番号、  
メールアドレス等をご入力  
ください

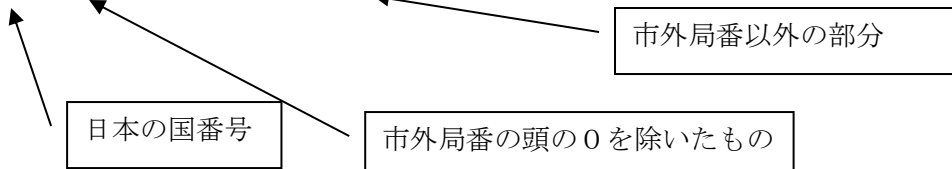
現在の勤務先  
情報

注1

電話番号の書き方は以下の様になっております

例) 03-5577-4683 の場合

81-3-5577-4683



Describe type and average yearly volume of cytology performed in laboratory in which you are currently employed. (Slides per year) 現在の勤務先で年間にどの種類の検体を何枚スクリーニングしていますか?				
Female genital tract	Body fluids	Respiratory tract	Fine needle aspirates	
Gastrointestinal	Genitourinary	Other		
<b>TOTAL YEARS OF EXPERIENCE IN CYTOTECHNOLOGY INCLUDING TRAINING PERIOD:</b> トレーニング期間を含めた細胞検査技師の経験期間(年) ※3年以上の経験が必要です				Years
PAST CYTOLOGY EMPLOYMENT HISTORY 過去の職歴				
Previous Employer: 施設名		From:	Until:	
Address 住所				
Address:				
In what capacity: どのような勤務か? (常勤 or 非常勤)				
Previous Employer:		From:	Until:	
Address:				
In what capacity:				
TRAINING IN CYTOTECHNOLOGY 養成機関				
Training period is considered as experience. Experience				
Name of school or Teaching Institution. 学校名または教育機関名				
Address: 住所				
細胞診を学んだ期間				
Length of Cytology Training:	Began: 入学日	Completed: 修了日		
Describe type and average yearly volume of cytology performed in laboratory associated with your cytology training school (state slides per year of school laboratory) 養成機関で年間どれくらいの細胞診に携わったか				
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 期間 称号 卒業				
GENERAL EDUCATION 一般教育	NAME AND LOCATION	YEARS SPENT	DEGREE	YEAR OF GRADUATION
Grade School or Primary School	小学校			
High School or Gymnasium	高校			
College	専門学校・専修学校			
University	大学			

別の養成機関	OTHER TRAINING	期間	称号	卒業
TRAINING IN TECHNICAL FIELDS OTHER THAN CYTOTECHNOLOGY	NAME AND LOCATION	MONTHS SPENT	DEGREE	YEAR OF GRADUATION
Medical Technology School	臨床細胞学の学校			
Histotechnology School	組織技術の学校			
Tissue Culture Training	組織培養の学校			
Other (specify)	その他 (具体的に)			

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
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【必須】  
必ずご入力  
願います

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
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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	<input type="radio"/> Yes <input type="radio"/> 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	<input type="radio"/> Yes <input type="radio"/> 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	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
E. Examination Fee Euro 90 - <a href="#">online payment</a>	<input type="radio"/> Yes <input type="radio"/> 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](mailto: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  
Wilhelmstr. 24a  
79098 Freiburg  
Germany

## 【推薦状について】

受験には推薦状が2通必要です。

「所属長用」と「細胞診専門医用」それぞれ必要事項を全て記入していただき、願書用紙3枚と一緒にご提出願います。

※「所属長用」と「細胞診専門医用」は、必ず別の人に記載してもらってください。

(所属長用)	
<b>推 薦 状</b>	
以下の細胞検査士は、日頃の業務状況を鑑みるに、2023年国際細胞検査士試験を受験するに十分な能力があると思われますので、推薦いたします。	
推薦する細胞検査士	
CT番号：	
氏 名：	
	年 月 日
施設名：	
役職名：	
氏 名：	
	日
	(印)
	(印)

必ず押印する事  
個人印・公印どちらでも結構です  
拇印は不可です

**【受験料振り込みについて】**

郵便局の青枠の用紙にて、下記内容を参考にお振込みください。

なお、振り込んだ後の受領証はスキャンしデータ化してください。(要提出の為)

払 込 取 扱 票									
00		口座記号・番号はお間違えのないよう記入してください。							
口座記号		口座番号(右詰めで記入)				金額			
00120-2		600598				¥26000			
* 加入者名					料 金	備 考			
* 日本臨床細胞学会									
* 国際細胞検査士試験受験料 2023年									
ご住所・氏名等 ご自身でご記入ください									
日 附 印									
裏面の注意事項をお読みください。(ゆうちょ銀行) これより下部には何も記入しないでください。									

振替払込請求書兼受領証									
口座記号		口座番号(右詰めで記入)				金額			
00120-2		600598				¥26000			
* 加入者名					料 金	備 考			
* 日本臨床細胞学会									
* 国際細胞検査士試験受験料 2023年									
ご住所・氏名等 ご自身でご記入ください									
日 附 印									
裏面の注意事項をお読みください。(ゆうちょ銀行) これより下部には何も記入しないでください。									

振り込んだ後の「受領証」はスキャンし、願書等と一緒に提出ください

用紙を使用せず、直接口座へ入金する際は、以下の口座へお願いいたします。

その際には「会員番号」「氏名」「入金名目」を必ずメッセージ入力してください。

入力例：「2023IAC ジュケンリョウ 99999999 サイボウタロウ」

《振込先口座》

●ゆうちょ銀行から

口座番号：00120-2-600598

口座名義名：シヤ) ニホンリンショウサイボウガツカイシカクニンテイシケ

●他行から

銀行名：ゆうちょ銀行

支店名：019店(ゼロイチキュウ)

口座種類：当座

口座番号：0600598

口座名義名：シヤ) ニホンリンショウサイボウガツカイシカクニンテイシケ

以上