

IAC 更新サイト

2023 年度版

<https://www.cytology-iac.org/ctiac-and-ctiac-gyn-renewal-for-sticker-2024-2027/>

※注意※

- ・ブラウザの翻訳機能は off にする（自動翻訳しない）
- ・入力は全て英語で行うこと
- ・申請完了後、更新料支払いページに必ず進み更新料を支払うこと

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CT(IAC) and CT(IAC-gyn) renewal for sticker 2024-2027

Renewal for CT(IAC) and CT(IAC-gyn) 2024 - 2027 Sticker

Requires information about the years 2020-2023. Required points 180

Step 1 of 5

20%

For this form you will require:

- Information about your employment in the field of cytology for the years of your last sticker
- Information about your personal attended further educational activities in the field of cytology and cytology related fields. If you have many activities please upload these as a separate document.
- Information about any teaching material **you have created new**
- Information about any papers, posters or publications you have worked on
- Information about cytology related research

Contact Information

Your Given Name <i>(Required)</i>	Your Family Name <i>(Required)</i>
Given Name	Family Name
<input type="text"/>	<input type="text"/>
6 of 20 max characters	6 of 20 max characters

CT(IAC)/ CT(IAC-gyn) number *(Required)*	
5 of 5 max characters	
Your email *(Required)*	
Please enter your contact email	

Continue

最初のページ
更新申請者の氏名・メールアドレスを入力する

更新申請者の
◆ 氏名
◆ IAC 番号
◆ メールアドレス
を入力し「Continue」ボタンをクリックする

Renewal for CT(IAC) and CT(IAC-gyn) 2024 - 2027 Sticker

Requires information about the years 2020-2023. Required points 180

Step 2 of 5

40%

Where shall we send your sticker? We need a correct postal address.

Please enter a full postal address

If you wish to have correspondence sent to your place of work please include the department as well as the institute name. The last line is always your country. **Please do not try to fit your address on one line.**



Address Line 1 *(Required)*

29 of 38 max characters

Address Line 2

22 of 38 max characters

Address Line 3

0 of 38 max characters

City / Town *(Required)*

10 of 38 max characters

Postal Code

(If required) State / Region /Province

Not every address requires a state

0 of 38 max characters

Country *(Required)*

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Continue

更新申請者の
住所
を入力し「Continue」ボタンをクリックする

Renewal for CT(IAC) and CT(IAC-gyn) 2024 - 2027 Sticker

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Step 3 of 5

60%

CATEGORY 1 EMPLOYMENT IN CYTOLOGY (Max points 100)

Name and address of Laboratory Director (Required)

CATEGORY1 単位上限 100

勤務単位を入力

勤務先名・住所を入力し、勤務形態を3種類から選択する

Category 1 Points for employment in the field of cytology (2020-2023) (Required)

- ☒ Full-time (100%) 100 points
- ☐ Part-time (60-90%) 75 points
- ☐ Part-time (50% or less) 50 points

CATEGORY 2: YOUR PERSONAL EDUCATIONAL ACTIVITIES (Max. Points 140)

We wish to know about your activities. Have you attended meetings, read specialist literature, taken part in courses, meetings, lab. internal learning? 1 point for 1 hour of your participation. If it is easier, combine events that are the same. (2022: 12 x lab reviews)

If you require more space please upload your list as PDF and note the points below.

Date, name of event (Required)

Meetingname + Date

Date, name of event (Required)

Date, name of event

Date, name of event

Credit points (Required)

Please enter a number from 1 to 50.

Credit points

Please enter a number from 1 to 50.

Credit points

Please enter a number from 1 to 50.

Credit points

Please enter a number from 1 to 50.

CATEGORY2 単位上限 140

2020 年～2023 年の間に取得した単位を記載

- ◆ 開催日 イベント名
 - ◆ 単位
- を入力

Do you wish to upload a list with further activities?

- ☒ no
- ☐ yes

Category Two - Your personal education points TOTAL

100

こちらに単位を入力すると自動的に合計単位がここに入ります

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Continue

入力が完了したら「Continue」ボタンをクリックする

Renewal for CT(IAC) and CT(IAC-gyn) 2024 - 2027 Sticker

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Step 4 of 5

80%

CATEGORY 3: TEACHING MATERIAL YOU HAVE PREPARED (Max. points 60)

Have you prepared any NEW teaching material? (Required)

Workshops/ Lectures / Seminars

☒ No

☐ Yes

CATEGORY 4: PAPERS, PUBLICATIONS, BOOKS AND EXHIBITS (Max points 80)

One point for each hours of preparation for new material

Have you prepared new material for publication? (Required)

☒ No

☐ Yes

CATEGORY 5: RESEARCH IN CYTOLOGY (Max points 40)

Have you participated in research? (Required)

☒ No

☐ Yes

Please describe the research and estimate your points. Maximum 40 points

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Continue

入力が完了したら「Continue」ボタンをクリックする

CATEGORY3 単位上限 60

細胞診教育単位のある場合は「Yes」を選択し入力。無ければ「No」を選択

CATEGORY4 単位上限 80

論文発表、書籍出版、学会発表単位のある場合は「Yes」を選択し入力。無ければ「No」を選択

CATEGORY5 単位上限 40

研究活動単位のある場合は「Yes」を選択し入力。無ければ「No」を選択

Renewal for CT(IAC) and CT(IAC-gyn) 2024 - 2027 Sticker

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Step 5 of 5

100%

Summary (180 required)

2020-2023

Category 1 Employment in Cytology

100

Category 2 Your further education

100

Category 5 Research in Cytology

0

2020 - 2023 Total points

200

Declaration of honesty (Required)

☒ I declare that to the best of my knowledge the above information is correct

Total Points (180 required)

If you have not attained 180 points please contact the office in Freiburg if you wish to explain your situation.

200

After submit, you will be redirected to a payment portal. For CT(IAC) and CT(IAC-GYN) the renewal fee is Euro 12 and can be paid on-line by credit card or Paypal. CMIAC DO NOT HAVE TO PAY THE RENEWAL FEE.

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Submit

最終確認ページ

入力した単位の合計が表示されているので、申請に間違いが無い事を確認したら

「Declaration of honesty」を必ずチェックする。
確認出来たら「Submit」をクリックし申請完了。

CT(IAC) and CT(IAC-gyn) renewal for sticker 2024-2027

Thanks for your renewal. We will begin the approval process.
If you are CMIAC the renewal fee of Euro 12 is not necessary.

[Here to payment link](#)

申請完了ページ
IACへ更新料を支払うページ
に進む

CT(IAC) Renewal Fee

Secure Payment Portal

The fee for one renewal period is twelve Euros.

If you are using the payment portal for a fee other than the current renewal period please choose the option „other“ and enter the reason for payment together with your name.

Payment in EUR with credit card, Apple Pay or Paypal.
Please enter your details in the form on the right.

Payment in Euro through bank transfer:
Please do not send a personal draft/cheque. Please cover all charges, this can be expensive for non-Euro accounts.

International Academy of Cytology
Deutsche Bank, Rotteck Ring, 79098 Freiburg, Germany
IBAN: DE86 6807 0024 0215 1470 00
BIC/SWIFT: DEUTDE33HAN
Account Nr. 2151470 00
Reference: IAC (five-digit number), family name, given name.

Please inform this office of any change of address.

The International Academy of Cytology Office of the Secretary-Treasurer
Massimo Bongiovanni, MD, FIAC
Wilhelm Str. 24A – Hinterhaus
79098 Freiburg
Germany

Tel: **+49 761 292 3801**
E-mail: centraloffice@cytology-iac.org

更新料支払いページ

「Renewal Fee 2024-2027 15€」を選択し、更新申請者情報を入力し「Continue」ボタンをクリックする

Fees

* indicates required fields

Cytotechnologist Members (CMIAC) do not have to pay the renewal fee.

Select Renewal period. CT(IAC) or CT(IAC-Gyn)

Renewal Fee 2024 – 2027 15€

Name *

E-Mail for receipt *

Your receipt will be sent to this E-Mail (if not check your junk or spam folder).

Address *

Address for invoice/receipt

Street Address

Address Line 2

City

ZIP / Postal Code

Country

CT(IAC) CT(IAC-GYN) Number: *

Payment Options

☒ Credit Card

☐ PayPal

[Continue](#)

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IBAN: DE86 6807 0024 0215 1470 00
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Germany

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カード情報入力ページ
決済するカード情報を入力し「Submit」ボタンをクリックする

Fees

"*" indicates required fields

Description

Taro Saibou, 02258

Credit Card

カード番号

自動入力 [link](#)

Card Details

Cardholder Name

Amount

15,00 €

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Submit

支払い手続きが終わると、入力したメールアドレスに申請内容と入金証明が届きます。

入力メールアドレスが正しければ必ず届きますので、念の為更新完了（シール到着）まで保管願います。