



CONTACT DETAILS

MEMBERSHIP NO.					
SURNAME					
MAIDEN NAME					
GIVEN NAMES					
TITLE: MR/MRS/MS/MISS/OTHER					
DATE OF BIRTH					
RESIDENTIAL ADDRESS					
TOWN/SUBURB		STATE		POSTCODE	
TEL (HOME)		TEL (WORK)			
TEL (MOBILE)		EMAIL			

PART A THEORETICAL COMPONENT: VASCULAR INTERVENTIONAL IMAGING (ANGIOGRAPHY) LEVEL 1 CERTIFICATION

VASCULAR LEVEL 1 EXAMINATION TAKEN IN: _____

PART B CLINICAL COMPONENT: STATEMENT OF CLINICAL EXPERIENCE IN ANGIO (VASCULAR)

I, _____, certify that I have performed over 150 vascular angiography examinations within the 12- month period between _____ and _____.

This period must have occurred within the 3 years prior to application submission.

Signed _____ Date _____

SUPERVISOR'S VERIFICATION

I, _____, supervisor of the individual identified on the application verify that the individual has successfully completed over 150 vascular angiography examinations during the time period described above.

Signed _____ Date _____

Position _____ Name of Site _____

SUPERVISOR CONTACT DETAILS

SUPERVISOR NAME					
SITE ADDRESS					
TOWN/SUBURB		STATE		POSTCODE	
TEL		EMAIL			

OFFICE USE ONLY

ANGIO CERTIFICATION NO.

DATE OPERATIVE

SIGNED

PAYMENT RECEIVED

RECEIPT NO.

DECLARATION – ASMIRT

This is to certify that _____

has satisfactorily completed all requirements and is recommended for the award of

VASCULAR INTERVENTIONAL IMAGING (ANGIOGRAPHY) LEVEL 1 CERTIFICATION

Signed _____

Date _____

Name _____

Position _____

PAYMENT AUTHORITY**COSTS****Total
Costs:****PAYMENT TYPE****Cheque****CREDIT CARD
NUMBER****EXPIRY DATE****CCV NO.** (LAST 3 DIGITS ON BACK OF CARD, OR LAST 4 DIGITS FOR AMEX)**CARDHOLDER'S
NAME****CARDHOLDER'S
SIGNATURE***All prices are quoted in AUD dollars and include GST.***Registered Office:**Suite 1040 (Level 10)
1 Queens Road
Melbourne Vic 3004
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Vic 8007
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