



## APPLICATION FOR RENEWAL CERTIFICATE OF MAMMOGRAPHIC PRACTICE

(Fees current 01 July 2023 Through to 30 June 2024)

Please complete with reference to Guidelines for Issue of the

Certificate of Mammographic Practice available from [www.asmirt.org/certification/#a5](http://www.asmirt.org/certification/#a5)

| CONTACT DETAILS             |  |                |  |          |  |
|-----------------------------|--|----------------|--|----------|--|
| MEMBERSHIP NO               |  | SURNAME        |  |          |  |
| GIVEN NAMES                 |  | MAIDEN NAME    |  |          |  |
| TITLE: MR/MRS/MS/MISS/OTHER |  | DATE OF BIRTH  |  |          |  |
| RESIDENTIAL ADDRESS         |  |                |  |          |  |
| TOWN/SUBURB                 |  | STATE          |  | POSTCODE |  |
| TEL (HOME)                  |  | TEL (BUSINESS) |  |          |  |
| TEL (MOBILE)                |  | EMAIL          |  |          |  |
| ISSUED IN THE NAME OF       |  |                |  |          |  |

| APPLICANT'S DECLARATION  |  |      |    |
|--|--|------|----|
| Evidence of the following may gain a renewal of the Certificate of Mammographic Practice (previously CCPM - please see 'CMP' renewal guidelines' document for more detail):  |  |      |    |
| <ul style="list-style-type: none"><li>• Minimum of 10 hours/year over 3 years of Continuing Professional Development relevant to breast mammography (Please provide CPD activity list and breast mammography in the CMP CPD log pages)</li><li>• Clinical involvement in breast mammography for an average of 150 hours per year over the three-year period. (The applicant must have been employed in a clinical mammography setting for two of the past three years)</li><li>• Clinical competency relevant to their position / job attested to, in a statement letter by a qualified practitioner (ie. radiologist, supervisor/tutor radiographer in mammography) or direct line manager.</li></ul> |  |      |    |
| <b>The following will not be accepted as evidence, so please do not send:</b>  |  |      |    |
| <ul style="list-style-type: none"><li>• Lists of identified patient/client/radiographer information</li><li>• Photocopied books or articles, pay slips or times sheets</li><li>• Unverified lists of activities.</li></ul>   |  |      |    |
| DO NOT SEND ORIGINALS AS WE CANNOT GUARANTEE THEIR RETURN.   | <b>Required documentation attached</b> | Yes  | No |
| Signed   |  | Date |    |

| OFFICE USE ONLY  |             |                |  |
|--|-------------|----------------|--|
| CERTIFICATE NO   |             | DATE OPERATIVE |  |
| SIGNED   |             | REVIEW DATE/S  |  |
| CERTIFICATE TO   | Applicant   | Other          |  |
| DATE MAILED  | Surface/Air | Registered No. |  |
| NOT GRANTED:   | Ref No      | Signed         |  |
| <b>DECLARATION – OFFICE USE ONLY</b>   |             |                |  |
| This is to certify that (Applicant's Name) has satisfactorily completed all requirements and is recommended for the award of <b>CERTIFICATE OF MAMMOGRAPHIC PRACTICE</b> |             |                |  |
| Date recommended   |             |                |  |
| Signed   |             | Date           |  |
| Chairperson – BIRG (print)   |             |                |  |

**PAYMENT AUTHORITY**

|                               |  |   |                               |
|-------------------------------|--|---|-------------------------------|
| <b>COSTS</b>                  |  |   |                               |
|                               |  |   | <b>Total Costs:</b>           |
| <b>PAYMENT TYPE</b>           | <b>Cheque</b><br>Please make payable to the                          | <b>Credit Card</b><br>Please select the card below                        |                               |
|                               | <b>"Australian Society of Medical Imaging and Radiation Therapy"</b> | <b>VISA</b>   | <b>MASTERCARD</b> <b>AMEX</b> |
| <b>CREDIT CARD NUMBER</b>     |  |   |                               |
| <b>EXPIRY DATE</b>            |  | <b>CCV NO.</b> (LAST 3 DIGITS ON BACK OF CARD, OR LAST 4 DIGITS FOR AMEX) |                               |
| <b>CARDHOLDER'S NAME</b>      |  |   |                               |
| <b>CARDHOLDER'S SIGNATURE</b> |  |   |                               |

*All prices are quoted in AUD dollars and include GST.*

**Registered Office:**  
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Australia

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