Australian Society of Medical Imaging and Radiation Therapy
The national professional organisation representing medical radiation practitioners
ABN 26 924 779 836

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: CARDIAC INTERVENTIONAL IMAGING (ANGIOGRAPHY) LEVEL 1 CERTIFICATION	
CARDIAC LEVEL 1 EXAMINATION TAKEN IN:	

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

I, ______________________, certify that I have performed over 150 cardiac 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 cardiac 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 – EDUCATION COMMITTEE

This is to certify that ____

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

CARDIAC INTERVENTIONAL IMAGING (ANGIOGRAPHY) LEVEL 1 CERTIFICATION

Signed ______________________ Date ______________________

Name ______________________ Position ______________________

PAYMENT AUTHORITY				
COSTS				
			Total Costs:	
PAYMENT TYPE	**Cheque** Please make payable to the **"Australian Society of Medical Imaging and Radiation Therapy"**	**Credit Card** Please select the card below **VISA** **MASTERCARD** **AMEX**		
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.

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