



## 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**

<b>COSTS</b>			
			<b>Total Costs:</b>
<b>PAYMENT TYPE</b>	<b>Cheque</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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