



## APPLICATION FOR MAGNETIC RESONANCE IMAGING (MRI) LEVEL 1 CERTIFICATION

### 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: MRI LEVEL 1 CERTIFICATION EXAMINATION

MRI LEVEL 1 EXAMINATION TAKEN IN:	YEAR	
-----------------------------------	------	--

### PART B CLINICAL COMPONENT: STATEMENT OF CLINICAL EXPERIENCE IN MRI

I, \_\_\_\_\_, certify that I have performed over 300 clinical MRI examinations within the 12- month period between the dates of \_\_\_\_\_ 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 300 clinical MRI 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

MRI LEVEL 1 CERTIFICATION NO.	DATE OPERATIVE	
SIGNED		
PAYMENT RECEIVED	RECEIPT NO.	
DATE MAILED		

## DECLARATION – ASMIRT

This is to certify that \_\_\_\_\_  
has satisfactorily completed all requirements and is recommended for the award of **MRI LEVEL 1 CERTIFICATION**.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Position \_\_\_\_\_

## PAYMENT AUTHORITY

<b>COSTS</b>			<b>Total Costs:</b>	
<b>PAYMENT TYPE</b>	<b>Cheque</b> Please make payable to the  "Australian Society of Medical Imaging and Radiation Therapy"	<b>Credit Card</b> Please select the card below  <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:

Suite 1040 (Level 10)  
1 Queens Road  
Melbourne Vic 3004  
Australia

### All Correspondence to:

P.O. Box 16234  
Collins Street West  
Vic 8007  
Australia

### Contact us:

T +61 3 9419 3336  
F +61 3 9416 0783  
W [www.asmirt.org](http://www.asmirt.org)

