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

APPLICATION FOR RENEWAL OF 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			

MRI LEVEL 1 CERTIFICATION NO.		EXPIRY	

PART B CLINICAL COMPONENT: STATEMENT OF CLINICAL EXPERIENCE IN MRI

I, ______________________, certify that I have performed over 900 clinical MRI examinations (minimum 300 clinical MRI examinations per year) in the 3-year period between the dates ______________ 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 900 clinical MRI examinations during the time period described above.

Signed ______________________ Date ______________

Position ______________________ Name of Site ______________

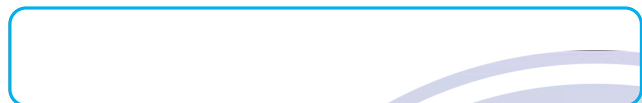
SUPERVISOR CONTACT DETAILS					
SUPERVISOR NAME					
SITE ADDRESS					
TOWN/SUBURB		STATE		POSTCODE	
TEL		EMAIL			

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				
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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