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

APPLICATION FOR CERTIFICATE OF RECOGNITION IN ULTRASOUND BY GRADUATES OF ASAR-ACCREDITED ULTRASOUND PROGRAMS

(01 July 2024 Through to 30 June 2025)

CONTACT DETAILS (Please PRINT clearly in blue or black pen)															
SURNAME															
CERTIFICATE NAME (include evidence of change of name if applicable)															
GIVEN NAMES															
TITLE: MR/MRS/MS/MISS/ OTHER															
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y							
RESIDENTIAL ADDRESS															
TOWN/SUBURB									STATE				POSTCODE				
COUNTRY															
TEL (BH)									TEL (AH)						
MOBILE															
EMAIL															

NAME OF QUALIFICATION GAINED OUTSIDE AUSTRALIA										
NAME OF UNIVERSITY ATTENDED										
CITY								COUNTRY		
TITLE OF QUALIFICATION OBTAINED										
DATE COURSE COMMENCED	D	D	M	M	Y	Y	Y	Y		
DATE COURSE COMPLETED	D	D	M	M	Y	Y	Y	Y		

NAME OF QUALIFICATION GAINED WITHIN AUSTRALIA									
NAME OF UNIVERSITY ATTENDED									
CITY									
TITLE OF QUALIFICATION OBTAINED									
DATE COURSE COMMENCED	D	D	M	M	Y	Y	Y	Y	
DATE COURSE COMPLETED	D	D	M	M	Y	Y	Y	Y	
PLACE OF EMPLOYMENT									
EMPLOYER ADDRESS									
START DATE OF EMPLOYMENT	D	D	M	M	Y	Y	Y	Y	

POST-QUALIFICATION CLINICAL EXPERIENCE

My post-qualification clinical experience was gained: please tick one box only

- ☐ Exclusively in Australia
- ☐ Exclusively outside Australia
- ☐ Both in Australia and overseas

Please supply with this application form a letter on University letterhead, signed and dated by the course coordinator outlining the department in which you have undertaken your clinical experience. (Department name, address and contact number).

FORM OF AGREEMENT

I declare that the information I have supplied in this application is complete, up-to-date and correct in every detail and that I understand that if I give false or misleading information, my application may be refused.

APPLICANT SIGNATURE		DATE	

GUIDE TO COMPLETING THIS APPLICATION FORM AND SUPPORTING DOCUMENTATION

In order for the ASMIRT to process a Certificate of Recognition in Ultrasound, applicants from ASAR-accredited ultrasound programs are to complete and sign this application form and return it by post to:

Australian Society of Medical Imaging and Radiation Therapy
PO Box 16234
COLLINS STREET WEST. VIC. 8007
Australia.

Do not fax or email these documents, as they will not be accepted.

The following supporting documentation is to accompany the application:

1. A certified copy***** of your previous qualification/s obtained outside Australia
2. A certified copy* of your Australian gained ultrasound qualification
3. A certified copy* of your ASAR Registration
4. A certified copy* of your marriage certificate or change name, if applicable
5. Employer verification of current employment status
6. Payment of $319.00 Australian Dollars (payment made by Bank Draft drawn on an Australian bank or Credit Card: VISA, MasterCard, American Express).
7. Overseas currency is not accepted. **Do not send cash.**
8. Evidence of understanding and fluency in English (i.e. IELTS/OET and certified copy* of Passport or Birth Certificate if you are not a citizen of Australia, New Zealand, Canada, Republic of Ireland, United Kingdom or United States of America)
9. Evidence of the past three years of Continuing Professional Development

The ASMIRT requirement of English Proficiency is evidence of one of the following:

- Birth Certificate – *Australia issued*
- Passport – *Australia, New Zealand, Canada, Republic of Ireland, United Kingdom or United States of America issued*
- IELTS – *overall band score of not less than 7 Academic with no element below 7 achieved in a single test*
- OET – *overall minimum of Level B in all elements achieved in a single test*

****** *PTE Academic with no element below 65 in one sitting OR Cambridge English Advanced with no element below 185 in one sitting.*

Do not send original documents. **Certified copies*** are to be submitted. Processing of applications takes up to three weeks.

***** *A "certified Copy" of a document means a copy authorised or stamped as being a true and unaltered copy of the original document by a person or agency recognised by the law of your country. In Australia, it must be certified by a Justice of the Peace, Commissioner for Declarations of a person before whom a statutory declaration may be made. e.g. accountant, lawyer, doctor, police office.*

CHECKLIST	
These documents are to be included or your application will not be processed:	
DOCUMENT	**INCLUDED**
1. Completed and signed application form (original)	YES/NO
2. Payment of $319.00 Australian Dollars	CHEQUE/CREDIT CARD
3. Passport size photo	Attach certified passport size photo here
4. CERTIFIED COPIES OF:	
a) Qualification/s gained outside Australia	YES/NO
b) Sonography Qualification gained within Australia	YES/NO
c) Registration Certificate/Licence	YES/NO
d) Verification of Employment – with % breakdown	YES/NO
e) Letter from university outlining clinical experience	YES/NO
f) Marriage certificate or change of name, if applicable	YES/NO
g) Evidence of English fluency and understanding	YES/NO
h) Evidence of the past three years of Continuing Professional Development (CPD)	YES/NO

OFFICE USE ONLY			
OQAP APPROVED		CERTIFICATE NO	
ASAR COURSE YEAR		DATE OPERATIVE	
COUNTY		SIGNED	
		POSTED	
ULTRASOUND		PAYMENT TAKEN: ☐ AUD $319.00	
		ADMIN. OFFICER	

PAYMENT AUTHORITY

APPLICATION FOR ISSUE OF ASMIRT CERTIFICATE OF RECOGNITION IN ULTRASOUND & SKILLS ASSESSMENT (Required for ASAR Registration)

COST	$AUD 319.00 (inc GST)

Payment of FEE, which must be included with the Application Form, is to be in Australian Dollars drawn on an Australian Bank or by MasterCard/Visa Card/American Express. Overseas currency is not acceptable. Do not send cash.

☐ Cheque – Please make payable to "**Australian Society of Medical Imaging and Radiation Therapy**" (Australian Dollars Only)

CREDIT CARD (Please tick): ☐ **MASTERCARD** ☐ **VISA** ☐ **AMERICAN EXPRESS**

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

EXPIRY DATE _____

CCV NO. _____
(LAST 3 DIGITS ON BACK OF CARD, OR 4 DIGITS ON FRONT OF CARD)

SURNAME OF CARDHOLDER (Please Print)

I hereby authorise the Australian Society of Medical Imaging and Radiation Therapy to debit the said amount as payment for Certificate of Recognition in Ultrasound Fee:

SIGNATURE OF CARDHOLDER

APPLICANT'S NAME

ADDRESS

DATE

ALTERNATIVE PAYMENT METHOD

Pay by Direct Deposit to ASMIRT: BSB 633000, Acct #: 5325089

Quote Ref: Invoice #, or email remittance advice to finance@asmirt.org and osassess@asmirt.org

Submit via post,
Please print and send to
PO Box 16234, Collins Street West, VIC 8007