



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
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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

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.

ALTERNATIVE PAYMENT METHOD

Pay by Direct Deposit to ASMIRT: BSB 633000, Acct #: 5679675

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

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:

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