



## APPLICATION FOR MAGNETIC RESONANCE IMAGING (MRI) LEVEL 2 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 2 CERTIFICATION NO.				EXPIRY	

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

I, \_\_\_\_\_, certify that I have:

- had a minimum of 3 years full-time equivalent experience in MRI; and
- have completed 1000 clinical MRI examinations within the 3-year 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 a minimum of 3 years full-time equivalent experience in MRI and has completed 1000 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 2 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 2 CERTIFICATION**.

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

### PART A POINTS COMPONENT: ACCRUAL OF 100 MRI-RELATED LEVEL 2 POINTS MRI LEVEL 2 POINTS TABLE

	MAX. POINTS PER UNIT	MAX. POINTS
<b>Clinical Experience</b> Full-time equivalent MRI experience (max. claimable 5 years); or Full-time equivalent MRI supervisor (max. claimable 5 years)	3 5	15 25
<b>Post-Graduate MRI Academic Qualifications</b> Tertiary post-graduate MRI course or part thereof (1 unit = 1 semester) MRI Masters by Research MRI PhD Thesis	10 40 60	40 40 60
<b>MRI Oral Presentations</b> MRI conference/national user group meeting/meetings/seminars Local user group meeting/departmental in-service Workshops/webinars/sessional lecturing Poster presentation (1 unit = 1 poster)	8 3 8 5	40 15 40 25
<b>MRI Event Attendance</b> MRI conference/national user group meeting/workshop participation (1 unit = 1 event, 3 points /day) Local user group meeting/departmental in-service Webinar/online learning modules	10 1 2	30 10 16
<b>Publications</b> Non-peer reviewed articles ( 1 unit = 1 report) Peer reviewed publications (single author 1 unit = 1 paper)	2 10	20 50

#### **CLINICAL EXPERIENCE**

- Full-time equivalent – need to demonstrate that you have been rostered and working in the MRI unit for at least the full-time equivalent (1 year FTE = 1 unit).
- Supervisor definition – a person who has responsibility for the overall operations in MRI. They are usually head radiographer i.e. MRI section head, or person in charge of MRI equivalent to a grade 4/5 level. This does not include supervision of students.
- If you are in an “acting” position, this needs to be an appointment from the organisation and for a minimum period of 6 months tenureship.
- Clinical experience to be evidenced by a letter on letterhead from your employer stating the dates of commencement in the MRI unit until this application and detail responsibilities undertaken. Evidence can also include rosters.

#### **POST-GRADUATE MRI ACADEMIC QUALIFICATIONS**

- These include any recognised post-graduate MRI course from a recognised tertiary institution. Subjects relating to MRI need to part of a recognised MRI post-graduate qualification. This can include the subject cross-sectional anatomy.
- Post-graduate MRI academic qualifications to be evidenced with a transcript of unit and a syllabus detailing a description of the subject.

#### **MRI ORAL PRESENTATIONS**

- Conferences will be considered if they are a minimum of 2 days or more. These can include RADaim, ASMIRT, SMRT, ISMRM
- MRI oral presentations are to be evidenced with the title of the presentation/s or handout of the presentation. Further evidence may be requested in the form of your actual presentation/s.

#### **MRI EVENT ATTENDANCE**

- All events need to be related to MRI specifically and evidenced by a certificate of attendance. In the case of online learning modules, these are modules which have content and MCQs to be undertaken resulting in and evidenced by a certificate of completion e.g. Tip Ed

#### **PUBLICATIONS**

- Non peer-reviewed publications can include documents such as training manuals/consultancy reports which have been undertaken outside the scope of employment. Articles can include submissions for vendor/hospital newsletters/Spectrum.
- Peer-reviewed publications – max. credits eligibility is if you are the sole single author of the paper.
- If there are co-authors on your submissions for both non peer-reviewed article and peer-reviewed publications, a percentage of credits will be allocated. You will need to specify percentage contributions of all co-authors including study design/data collection/literature review etc.



# MRI Level 2 Application/Renewal Points Accrual Log

This Log should provide a summary of the supporting documents that must accompany your application for MRI Level 2 certification/renewal. Please provide points claimed with relevant documentation as per Part A or C Points Table.

**\* This Log must be submitted with supporting documentation electronically.**

	Points Claimed	Points Granted by MIAP1 Only	
<b>1. Clinical Experience</b>			
1. Full-time equivalent MRI experience	_____	_____	_____
or			
2. Full-time equivalent MRI supervisor	_____	_____	_____
<b>2. Post-Graduate MRI Academic Qualifications</b>			
1. Tertiary post-graduate MRI course or part thereof	_____	_____	_____
_____	_____	_____	_____
2. MRI Masters by Research	_____	_____	_____
_____	_____	_____	_____
3. MRI PhD Thesis	_____	_____	_____
_____	_____	_____	_____
<b>3. MRI Oral Presentations</b>			
1. MRI conference/national user group meeting/meetings/seminars	_____	_____	_____
_____	_____	_____	_____
2. Local user group meeting/departmental in-service	_____	_____	_____
_____	_____	_____	_____
3. Workshops/webinars/sessional lecturing	_____	_____	_____
_____	_____	_____	_____
4. Poster presentation	_____	_____	_____
_____	_____	_____	_____
<b>4. MRI Event Attendance</b>			
1. MRI conference/national user group meeting/workshop participation	_____	_____	_____
_____	_____	_____	_____
2. Local user group meeting/departmental in-service	_____	_____	_____
_____	_____	_____	_____
3. Webinar/online learning modules	_____	_____	_____
_____	_____	_____	_____
<b>5. Publications</b>			
1. Non peer-reviewed articles	_____	_____	_____
_____	_____	_____	_____
2. Peer-reviewed publications	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Minimum of 3 years equivalent full-time MRI experience must be completed prior to application.

7. Points must be accrued within the 3 years prior to application.

- Course content information must be provided for post-graduate courses, fellowship courses and vendor courses to enable appropriate point allocation.

8. Documented proof of attendance/participation must be submitted with application.

9. Points will be allocated at the discretion of the MRIRG.

10. Points must be submitted on the MRI Level 2 Application/Renewal Points Accrual Log (see Page3).

- MRI Supervisors cannot claim points for oral presentations that would be considered part of their normal role (e.g. Safety talk to nursing staff)

## PAYMENT AUTHORITY

<b>COSTS</b>			
			<b>Total Costs:</b>
<b>PAYMENT TYPE</b>	<b>Cheque</b> Please make payable to the  <b>“Australian Society of Medical Imaging and Radiation Therapy”</b>	<b>Credit Card</b> Please select the card below  <div style="display: flex; justify-content: space-around;"> <span><b>VISA</b></span> <span><b>MASTERCARD</b></span> <span><b>AMEX</b></span> </div>	
<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>			

### REQUIREMENTS TO GAIN MRI LEVEL 2 CERTIFICATION

DOCUMENTED EVIDENCE OF THE FOLLOWING MUST BE PROVIDED ELECTRONICALLY AS A .pdf FILE:

Points must be submitted on the MRI Level 2 Application/Renewal Points Accrual Log (see Page 3)

- Accrued minimum 45 points within the 3-year period immediately prior to application (see Points Table Part C)
- 3 years full-time equivalent experience in MRI prior to submission of application.

### ALTERNATIVE PAYMENT METHOD

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

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

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 W [www.asmirt.org](http://www.asmirt.org)

