



APPLICATION FOR **RENEWAL** PRELIMINARY IMAGE EVALUATION (PIE) 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: PRELIMINARY IMAGE EVALUATION (PIE) EXAMINATION			
PIE EXAMINATION TAKEN IN:		YEAR	

PART B CLINICAL COMPONENT: STATEMENT OF CPD IN PIE SCOPE OF PRACTICE	
I, _____, certify that I have provided evidence of 10 hours of CPD per year over the three years demonstrating PIE scope of practice between _____ and _____. This period must have occurred within the 3 years prior to application submission.	
Signed _____	Date _____

SUPERVISOR'S STATEMENT OF CLINICAL EXPERIENCE IN PIE	
I, _____, supervisor of the individual identified on the application verify that the individual has successfully undertaken Preliminary Image Evaluations 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			
PIE RE- 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 renewal of **PIE 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

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