



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: CARDIAC INTERVENTIONAL IMAGING (ANGIOGRAPHY) LEVEL 1 CERTIFICATION

CARDIAC LEVEL 1 EXAMINATION TAKEN IN: _____

PART B CLINICAL COMPONENT: STATEMENT OF CLINICAL EXPERIENCE IN ANGIO (CARDIAC)

I, _____, certify that I have performed over 150 cardiac angiography examinations within the 12- month period between _____ 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 150 cardiac angiography 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

ANGIO CERTIFICATION NO.		DATE OPERATIVE	
SIGNED			
PAYMENT RECEIVED		RECEIPT NO.	

DECLARATION – EDUCATION COMMITTEE

This is to certify that _____
 has satisfactorily completed all requirements and is recommended for the award of
CARDIAC INTERVENTIONAL IMAGING (ANGIOGRAPHY) LEVEL 1 CERTIFICATION

Signed _____ Date _____
 Name _____ Position _____

PAYMENT AUTHORITY

COSTS				Total Costs:	
PAYMENT TYPE	Cheque Please make payable to the	Credit Card Please select the card below			
	“Australian Society of Medical Imaging and Radiation Therapy”	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:

T +61 3 9419 3336
 F +61 3 9416 0783
 W www.asmirt.org

