



## APPLICATION FOR CERTIFICATE OF MAMMOGRAPHIC PRACTICE (CMP)

(Fees Current 01 July 2025 Through to 30 June 2026)

Please complete with reference to Guidelines for Issue of the  
Certificate of Mammographic Practice available from [www.asmirt.org/certification#a4](http://www.asmirt.org/certification#a4)

CONTACT DETAILS					
MEMBERSHIP NO				SURNAME	
GIVEN NAMES				MAIDEN NAME	
TITLE: MR/MRS/MS/MISS/OTHER				DATE OF BIRTH	
RESIDENTIAL ADDRESS					
TOWN/SUBURB		STATE		POSTCODE	
TEL (HOME)		TEL (BUSINESS)			
TEL (MOBILE)		EMAIL			
COUNTRY					
CERTIFIED MAMMOGRAPHY COURSE UNDERTAKEN AT			YEAR		

APPLICANT'S DECLARATION			
The following may gain a Certificate of Mammographic Practice (previously CCPM) and documented evidence of the following must be included: <ul style="list-style-type: none"><li>Evidence in the form of copies of certificate/s of satisfactory completion of both academic and clinical components of an ASMIRT- credentialled mammography course OR</li><li>Evidence of Completion of the Charles Sturt University Graduate Diploma in Mammography Program 2014, 2015, 2016 &amp; 2019</li></ul>			
DO NOT SEND ORIGINALS AS WE CANNOT GUARANTEE THEIR RETURN.		Documentation attached	Yes No
Signed		Date	

OFFICE USE ONLY			
CERTIFICATE NO		DATE OPERATIVE	
SIGNED		REVIEW DATE/S	
CERTIFICATE TO	Applicant	Other	
DATE MAILED	Surface/Air	Registered No.	
NOT GRANTED:	Ref No	Signed	
<b>DECLARATION –OFFICE USE ONLY</b>			
This is to certify that (Applicant's Name) has satisfactorily completed all requirements and is recommended for the award of <b>CERTIFICATE OF MAMMOGRAPHIC PRACTICE</b>			
Date recommended			
Signed		Date	
Chairperson – BIRG (print)			

PAYMENT AUTHORITY			
COSTS			
			Total Costs:
PAYMENT TYPE	<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> <b>VISA</b> <b>MASTERCARD</b> <b>AMEX</b> </div>	
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](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

### Contact us:

T +61 3 9419 3336  
F +61 3 9416 0783  
W [www.asmirt.org](http://www.asmirt.org)

