



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:

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

