Australian Society of Medical Imaging and Radiation Therapy



The national professional organisation representing medical radiation practitioners ABN 26 924 779 836

SKILLS ASSESSMENT APPLICATION FORM

(INTERNATIONAL CANDIDATES WHO HAVE COMPLETED AN AUSTRALIAN MRPBA APPROVED PROGRAM)

Fees current 01 July 2025 through to 30 June 2026

Complete this form if you are:

 An International graduate who has completed an Australian <u>MRPBA</u> <u>approved program.</u>

Do not complete this form if you have:

 Completed an overseas qualification, Please go to <u>https://asmirt.org/overseas-assess</u>ments/

CONTACT DETAILS									
SURNAME									
MAIDEN NAME (If A	pplicable)								
GIVEN NAMES									
TITLE: MR/MRS/MS/MISS/OTHER					DATE	OF BIRTH			
POSTAL ADDRESS									
TOWN/SUBURB			STATE			POSTCODE			
COUNTRY (Applicable for Overseas Applic		cants only)							
TEL (H)						TEL (M)			
EMAIL									

PERSONAL DETAILS AND QUALFICATIONS							
AHPRA REGISTRATION							
UNIVERSITY ATTENDED							
YEAR COMMENCED			YEAR COMPLETED				
QUALFIICATION OBTAINED							
DISCIPLINE	DIAGNOSTIC RADIOGRAPHY RADIATION			RADIATION THERAPY			
ARE YOU REQUIRED TO COMPLETE A	Yes	There are two types of skills assessments <u>Temporary Assessment-</u> This is for those undertaking or about to undertake a supervised practice program and who hold provisional registration with AHPRA					
SUPERVISED PRACTICE PROGRAM (SPP)	No	<u>Permanent Assessment-</u> This is for those who have completed their degree who have either finished their supervised practice program or who are not required to undertake a supervised practice program. These candidates will hold general registration with AHPRA.					

DOCUMENT REQUIREMENTS						
ENGLISH LANGUAGE REQUIREMENTS	All English language requirements must be certified English Language requirements as per the ASMIRT website. Please note the English language requirement differ for skills assessment and ASMIRT membership. Please supply one (1) of the following: <u>Birth certificate</u> – Australia issued <u>Passport –</u> Australia, New Zealand, Canada, Republic of Ireland, United Kingdom or the United States of America issued passports <u>High School Certificate or equivalent</u> – Must be from an Australian high school and show that you have completed the "English" subject. English as a second language will not be accepted. <u>International English Language testing system (IELTS)</u> – overall band score of not less than 7 in the academic version with no element below 7, achieved in a single test in the last 2 years <u>Occupational English Test (OET)</u> – overall minimum of Level B in all					
QUALIFICATION REQUIREMENT	elements achieved in a single test and completed in the last All Qualification requirements must be certified You are required to show proof that you have completed an Austral approved program of study. In some cases your university will supp successful graduates to ASMIRT. In the event they do not supply thi be required to submit confirmation of your successful completion I have provided consent to my I have attached a university and they are university and they are of my degree cert supplying a list to ASMIRT					

FORM AUTHORITY							
DATE SUBMITTED DATE OF BIRTH							
SIGNATURE							
By signing this form you agree the information provided is true and accurate.							

OFFICE USE ONLY							
DATED				SKILLS ASSESSMENT TYPE	TEMP	PERM	
TOTAL AMOUNT RECEIVED	\$328	Yes	No	RECEIPT NO.			
PREPAID FOR PERMANENT SKILLS ASSESSMENT		Yes	No				
CERTIFICATE NO.							
INFORMATION MAILED TO:	APPLICANT		OTHER				

PAYMENT AUTHORITY							
FEES	\$328.00						
SKILLS ASSESSMENT TYPE	Temporary		Permanent				
Skills assessment type There are two types of skills assessments <u>Temporary Assessment-</u> This is for those undertaking or about to undertake a supervised practice program and who hold provisional registration with AHPRA <u>Permanent Assessment-</u> This is for those who have completed their degree who have either finished their supervised practice program or who are not required to undertake a supervised practice program. These candidates will hold general registration with AHPRA							
PAYMENT TYPE	CHEQUE (Please send cheque to the Australian Societ CREDIT CARD Medical Imaging and Radiation Therapy, PO Box 1623 Collins Street West VIC 8007						
CREDIT CARD TYPE		CREDIT CARD NUMBER					
EXPIRY DATE		CCV NUMBER (Last 3 digits on back of card, or last 4 digits for AMEX)					
SIGNATURE							

Cash is not accepted

Please note, those who are paying \$328 for their Temporary skills assessment will not be required to pay an additional fee when upgrading to their permanent skills assessment.

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

Quote Ref: Invoice #, or email remittance advice to finance@asmirt.org and certification@asmirt.org

To submit via post,

Please print and send to PO Box 16234, Collins Street West, VIC 8007

To submit via email,

or click on File > Send file. The form will then attach in your email client. Forms can be sent to <u>certification@asmirt.org</u>

Passport photo page Academic Transcript Degree/Testamur Uni Completion letter English language proficiency Ahpra registration certificate Signed 956a form (Agent) (Certified copies)

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

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