



APPLICATION FOR RENEWAL CERTIFICATE OF MAMMOGRAPHIC PRACTICE

(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/#a5

CONTACT DETAILS					
MEMBERSHIP NO	910696		SURNAME	Nightingale	
GIVEN NAMES	Florence		MAIDEN NAME		
TITLE: MR/MRS/MS/MISS/OTHER	Ms		DATE OF BIRTH	01/01/2000	
RESIDENTIAL ADDRESS	Level 10, 1 Queens Road				
TOWN/SUBURB	Melbourne	STATE	VIC	POSTCODE	3000
TEL (HOME)			TEL (BUSINESS)	(03) 9419 3336	
TEL (MOBILE)	0400 123 456		EMAIL	certification@asmirt.org	
ISSUED IN THE NAME OF					

APPLICANT'S DECLARATION	
Evidence of the following may gain a renewal of the Certificate of Mammographic Practice (previously CCPM - please see 'CMP' renewal guidelines' document for more detail):	
<ul style="list-style-type: none">Minimum of 10 hours/year over 3 years of Continuing Professional Development relevant to breast mammography (Please provide activity list of CPD and breast mammography in the CMP CPD log pages)Clinical involvement in breast mammography for an average of 150 hours per year over the three-year period. (The applicant must have been employed in a clinical mammography setting for two of the past three years)Clinical competency relevant to their position / job attested to, in a statement letter by a qualified practitioner (ie. radiologist, supervisor/tutor radiographer in mammography) or direct line manager.	
The following will not be accepted as evidence, so please do not send:	
<ul style="list-style-type: none">Lists of identified patient/client/radiographer informationPhotocopied books or articles, pay slips or times sheetsUnverified lists of activities.	
DO NOT SEND ORIGINALS AS WE CANNOT GUARANTEE THEIR RETURN.	
Required documentation attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signed	Date 1/8/25

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

PAYMENT AUTHORITY			
COSTS	ASMIRT Financial Members (older than twelve months) \$30.00		
	I do not wish to receive a NEW hardcopy of the certificate	Total Costs:	\$30.00
PAYMENT TYPE	<input type="checkbox"/> Cheque Please make payable to the <input type="checkbox"/> "Australian Society of Medical Imaging and Radiation Therapy"	<input type="checkbox"/> Credit Card Please select the card below <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> 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.

[Clear Payment section](#)

ALTERNATIVE PAYMENT METHOD

Pay by Direct Deposit to ASMIRT: BSB 633000, Acct #: 5325089

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

[Click here](#)

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





CMP CPD ACTIVITY LOG

NAME	Florence Nightingale		
CONTACT NO.	(03) 9419 3336	ASMIRT MEMBERSHIP NO.	910696
EMAIL ADDRESS	certification@asmirt.org		

Please fill in this CPD log with mammography only activities when submitting your CMP renewal application.

DATE	BRIEF DESCRIPTION OF MAMMOGRAPHY RELATED ACTIVITY	Min (10 hours/year)
List date in sequential order per yr ie 3/2/20	<i>For example: reading journals/mammography articles</i>	5 hours
4/3/20	<i>For example: BreastScreen Mammography conference</i>	16 hours
5/5/21	<i>For example: mammography webinar</i>	1 hour
	Routine QA, Assessment Clinical visits and MDTM activities MUST be supported by a reflection.	
12/10/2019	ASBD 12th Scientific Meeting	6 hrs
20/12/2019	BreastScreen (State) Inservice - Add reflection for this item	8 hrs
		TOTAL = 14 hrs
24/6/2020	Siemens app training	5hrs
28/7/2020	BreastScreen (State) Inservice - Add reflection for this item	8hrs
30/7/2020	Siemens app training	5 hrs
		TOTAL = 18 hrs



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