



APPLICATION FOR ASSESSMENT OF RADIOGRAPHY, RADIATION THERAPY AND ULTRASOUND QUALIFICATIONS AND CLINICAL EXPERIENCE OBTAINED OUTSIDE AUSTRALIA

(01 July 2025 Through to 30 June 2026)

DISCIPLINE (Please select)	
RADIOGRAPHY (DIAGNOSTIC)	
RADIATION THERAPY	
ULTRASOUND	

Attach
certified
passport size
photo here

OFFICE USE ONLY

No. _____

Date received.

NOTICE TO APPLICANTS
<p>Your course and undergraduate clinical practice will be compared with the courses current in Australia at the time of your qualification. Post-graduate clinical experience and relevant academic courses or ongoing education programs are fundamental to this assessment. Your application will ONLY be assessed when all of the relevant documents listed are included.</p> <p>Please use block letters and a blue or black pen to complete this form.</p> <p>Documents in support of this application that are not in English are to be translated into English and certified as true copies by a Government Body such as the Department of Immigration and Citizenship, Australian Consulate or Embassy overseas or an accredited translator. If insufficient space is provided in any section, list details on a separate page.</p>

SECTION A: PERSONAL DETAILS							
(include evidence of change of name, if applicable)							
TITLE: MR/MRS/MS/MISS/OTHER				SURNAME			
GIVEN NAMES				MAIDEN NAME			
DATE OF BIRTH				MALE/FEMALE			
RESIDENTIAL ADDRESS							
TOWN/SUBURB		STATE		POSTCODE		COUNTRY	
TEL (HOME)		TEL (BUSINESS)					
TEL (MOBILE)		EMAIL					
AUSTRALIAN RESIDENCY STATUS		Non-Resident		Temporary (attach evidence)		Permanent (attach evidence)	
I AM A PASSPORT HOLDER FROM (attach certified copy of passport)		United Kingdom		Canada		New Zealand	
		United States of America		Republic of Ireland			
VISA CLASSIFICATION							

**If not a passport holder from the above countries, attach evidence of fluency in English (IELTS, OET, PTE, TOEFL, CAE result).
Passport holders attach certified copy of passport.**

SECTION B: ACADEMIC DETAILS			
(complete summary of course hours table in Section D)			
COUNTRY WHERE QUALIFICATIONS WERE OBTAINED			
LANGUAGE QUALIFICATIONS TAUGHT IN			
NAME OF INSTITUTE ATTENDED			
DATE COURSE COMMENCED			
DATE COURSE COMPLETED			
NAME OF QUALIFICATION OBTAINED (Attach certified copies of qualification and of syllabus, academic transcript and curriculum of the course you completed)			
TOTAL NUMBER OF HOURS SCHEDULED & SPENT IN ACADEMIC COMPONENT			
TOTAL NUMBER OF EVIDENCED CONTACT HOURS SPENT IN CLINICAL COMPONENT			
COMMENT (If necessary)			

Relevant post-graduate education			
COUNTRY WHERE QUALIFICATIONS WERE OBTAINED			
LANGUAGE QUALIFICATIONS TAUGHT IN			
NAME OF INSTITUTE ATTENDED			
DATE COURSE COMMENCED			
DATE COURSE COMPLETED	Y		
NAME OF QUALIFICATION OBTAINED (Attach certified copies of qualification and of syllabus, academic transcript and curriculum of the course you completed)			
TOTAL NUMBER OF HOURS SCHEDULED & SPENT IN ACADEMIC COMPONENT			
TOTAL NUMBER OF EVIDENCED CONTACT HOURS SPENT IN CLINICAL COMPONENT			
FULL TIME		PART TIME	

COUNTRY WHERE QUALIFICATIONS WERE OBTAINED			
NAME OF INSTITUTE ATTENDED			
DATE COURSE COMMENCED			
DATE COURSE COMPLETED			

NAME OF QUALIFICATION OBTAINED (Attach certified copies of qualification and of syllabus and curriculum of the course you completed)			
TOTAL NUMBER OF HOURS SPENT IN ACADEMIC COMPONENT			
TOTAL NUMBER OF HOURS SPENT IN CLINICAL COMPONENT			
FULL TIME		PART TIME	

NAME AND MEMBERSHIP NUMBER OF PROFESSIONAL SOCIETY, REGISTRATION BODY OR OTHER FORM OF ACCREDITATION (attach certified copy of registration/licence/ membership)	
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SECTION C: CLINICAL EXPERIENCE

Complete table below outlining clinical experience gained. **Include letters** from your past and present employers as verification of your post-graduate clinical experience. Letters are to include details of work performed by you (include % breakdown of modalities performed), duties and responsibilities held by you and whether your employment was full or part time. Documentation from your employers is to be verified (signed and dated) by the Head of Department on official Hospital or Departmental letterhead.

If insufficient space, list on a separate page.

Copies must be certified and attached to this application.

PLACE OF EMPLOYMENT	DATES OF EMPLOYMENT		HOURS PER WEEK	EMPLOYER DOCUMENTED	
	FROM	TO		YES	NO

SECTION D: SUMMARY OF COURSE HOURS
 (Academic contact hours plus clinical education hours)
This table is a summary only and does not replace or substitute for the certified documentation.

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[illegible]

SECTION E: CHECKLIST FOR APPLICANT

These documents **MUST** be included, and all copies **MUST** be certified, or your application **WILL NOT** be processed. Documentation will not be returned to candidates. Please supply only **CERTIFIED COPIES**. Please refer to "Guide to completed OS form"

Section A

Application must be accompanied by:

1. Official evidence of change of name, if applicable.
2. Copy of Australian residency status indicated in passport or evidence of Australian citizenship (for those who already hold a visa)
3. Evidence of fluency in and understanding of English, if you are not a passport holder from United Kingdom, Canada, New Zealand, United States of America or Republic of Ireland. Academic IELTS or OET results must be included.
4. Certified copy of passport to be supplied if you are a passport holder from United Kingdom, Canada, New Zealand, United States of America or Republic of Ireland

Section B

In addition to completed details on the application form, the following documents are required:

5. Copy of your qualification in the original language and English translation, if applicable. Copy of Academic transcript
6. Syllabus and curriculum of the course you completed in the original language and English translation, if applicable. This must be the detailed document of the course outlining the structure of the course, content of all subjects studied plus hours. A result transcript is not sufficient.
7. Evidence of additional and / or post-graduate qualifications.
8. Current registration to practice, certificate or licence (as applicable in your country) and membership or eligibility of your country's professional society.

Section C

9. Completed table of clinical experience after qualification.
10. Documentation on official departmental letterhead from past and present employers, verifying experience gained (**% breakdown of modalities worked, specific duties, and responsibilities, dates employed, full/part time, hours of employment**). **Current Payslips & yearly tax returns to be provided for each year of employment.**
11. Provide evidence of the last 3 yrs (60hrs) professional development CME/CPD relevant to this application. Provide a copy of current CV.

Section D

12. Summary table completed with details of subjects including hours/subject/year of course.

Section E

13. Check list completed and "guide to completing application form" reviewed and noted.

Payment Authority (found at end of form)

1. Payment details completed (bank transfer only) - *Non-refundable*.

I declare that the information I have supplied in this application is complete and correct and up to date in every detail. I understand that if I give false or misleading information, my application may be refused.

Signed _____ Date _____

Comments if necessary

FEE HELP

This loan scheme is available for courses that have been recommended by the relevant assessing authority for recognition in your profession in Australia.

FEE-HELP is a government loan scheme to pay fees for bridging courses or study to enable overseas trained professionals to meet the requirements for entry into their profession in Australia. To be eligible for the loan scheme, overseas trained professionals must fulfil certain residency and other requirements. See www.goingtouni.gov.au or FEE-HELP hotline 1800 020 108.

GUIDE TO COMPLETING THIS APPLICATION FORM AND SUPPORTING DOCUMENTATION

Supporting Documentation

Your application **will not** be processed until all the requested documentation is received.

Certified copies

Do not send original documents, as their return cannot be guaranteed. Certified copies must be submitted.

A **certified copy** of a document means a copy authorised or stamped as being a true and correct copy of the original document by a person or agency recognised by law in your country. In some countries certified is referred to as notarised. In Australia, it must be certified by a Justice of the Peace, Commissioner for Declarations or a person before whom a statutory declaration may be made e.g. accountant, lawyer, doctor, police officer.

English language requirements

If you are not a passport holder of the following countries:

United Kingdom, Canada, New Zealand, United States of America or Republic of Ireland you are required to provide evidence of understanding and fluency in English. The ASMIRT requirement is evidence of one of the following:

- A score of not less than **Level 7 academic** in the **IELTS** English language test with no element below 7 in one sitting,
- **Level B** overall result in Australian Occupational English Test (**OET**), with no individual element below B and achieved in a single test completed within the last two years.
- Overall band score of 66 in the Pearson Test of English (PTE) academic, with no individual element below 65 and achieved in a single test and completed within the last two years.
- TOEFL iBT with a minimum total score of 94 and the following minimum score in each section of the test: 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.
- Cambridge English Advanced (CAE), with no element below 185 achieved in a single test completed within the last two years.

This evidence is required before your application will be processed.

Translation of documents into English

Documents in support of this application that are **not in English** are to be translated into English and certified as true copies by a Government Body such as the Department of Immigration and Citizenship, Australian Consulate or Embassy overseas or an accredited translator.

Photo identification

A certified current passport size photo must be attached to the application.

CV

A current updated CV must be attached to the application

Assessment Process

The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) assesses qualifications obtained outside Australia for radiographers, radiation therapist and sonographers only. Your application for assessment is considered by the ASMIRT Overseas Qualification Assessment Panel.

Diagnostic radiography, radiation therapy and ultrasound qualifications gained outside Australia are assessed for equivalency with the Australian standard at the time of qualifying. The assessment is based on guidelines from the National Office of Overseas Skills Recognition (AEI-NOOSR) within the Commonwealth Department of Education, Science and Training (DEST). Information on equivalency is available on their web site <https://internationaleducation.gov.au/services-and-resources/Pages/qualifications-recognition.aspx>

The assessment will result in one of three decisions:

- *Unconditional recognition* with the issue of an ASMIRT Statement of Qualification for either diagnostic radiography or radiation therapy. For medical ultrasound, acceptance is a Certificate of Recognition in Ultrasound.
- *Conditional rejection* until evidence is produced of successful completion of a period of further approved training
- *Rejection* until evidence is produced of successful completion of an MRPBA accredited Medical Radiation Science (Degree) course that meets the Australian standard.

Appeal Against Assessment Findings

You have the right of appeal against the findings and recommendations of the Overseas Qualifications Assessment Panel. An appeal must be in writing and signed by you (the applicant). *An email or faxed copy is not acceptable.* The letter is to state clearly the grounds for the appeal and include supporting documentation relating to the grounds for the appeal.

The cost of the appeal process is as follows:

- **Applicant resident outside Australia: AUD\$297.00 (GST free);**
- **Applicant resident (permanent or temporary) in Australia: AUD\$328.00 (Includes GST).**

This payment must be submitted with the appeal documentation. The appeal must be lodged within 3 months of the date of the Assessment Panel's decision.

Post appeal to: The Chief Executive, Australian Society of Medical Imaging and Radiation Therapy
PO Box 16234, Collins St West, VIC 8007
AUSTRALIA

The appeal is decided and resolved by the Board of Directors of the Australian Society of Medical Imaging and Radiation Therapy whose decision is final.

Registered Office:

Suite 1040-1044 (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

PAYMENT AUTHORITY		
See ASMIRT Website for current cost of assessment		
COST	\$AUD 1041.00 (applicants residing overseas)	\$ AUD 1143.00 (inc GST if residing in Australia)
Add an Additional \$500 for the second modality to be assessed Payment of the APPLICATION FEE** , which must be included with the Application Form, is to be in Australian Dollars drawn on an Australian Bank or via direct bank transfer. Overseas currency is not acceptable. Do not send cash.		
Cheque – Please make payable to “ Australian Society of Medical Imaging and Radiation Therapy ” (Australian Dollars Only)		
<p align="center">ASMIRT Bank details</p> <p>A/C Name: Australian Society of Medical Imaging and Radiation Therapy (ASMIRT)</p> <p>Bank: Bendigo Bank Branch: Box Hill Branch (36 Main St, Box Hill, VIC, 3128) Branch code / BSB: 633000 A/C Number: 5679675</p> <p>SWIFT code: BENDAU3B</p> <p>Note: If you decide to pay by Telegraphic Transfer, please consult with your bank to confirm if they use an intermediary bank to process Telegraphic Transfer. The intermediary bank charges a fee usually from \$15 to \$30 which will cause the shortage of the amount we receive in our bank. <u>You will need to add that fee on top of your payment.</u></p> <p>Please email the remittance advice to finance@asmirt.org and osassess@asmirt.org</p> <p>Subject line: Overseas assessment application fee</p> <p><small>** Application fees are non refundable</small></p> <ol style="list-style-type: none"> Once you have transferred the application fee, please send the remittance advice / receipt of payment to the above email addresses with the subject line Overseas assessment application fee. Include in your email your full name, date of birth, address, and country of origin Once this has been completed, send via post (registered, for tracking purposes) or courier your complete application. <p>POSTAL ADDRESS: PO Box 16234, Collins Street West, Vic, 8007</p> <p>OFFICE ADDRESS FOR COURIER DELIVERY: NOT AVAILABLE 14 JULY - 15 SEPTEMBER 2025</p>		

Registered Office:
 Suite 1040-1044 (Level 10)
 1 Queens Road
 Melbourne Vic 3004
 Australia

All Correspondence to:
 P.O. Box 16234
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