



(Fees Current 01 July 2026 Through to 30 June 2027)

## 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: CARDIAC INTERVENTIONAL IMAGING (ANGIOGRAPHY) LEVEL 1 CERTIFICATION

CARDIAC LEVEL 1 EXAMINATION TAKEN IN: \_\_\_\_\_

## PART B CLINICAL COMPONENT: STATEMENT OF CLINICAL EXPERIENCE IN ANGIO (CARDIAC)

I, \_\_\_\_\_, certify that I have performed over 150 cardiac angiography examinations within the 12- month period between \_\_\_\_\_ 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 150 cardiac angiography 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**

ANGIO CERTIFICATION NO.		DATE OPERATIVE	
SIGNED			
PAYMENT RECEIVED		RECEIPT NO.	

**DECLARATION – EDUCATION COMMITTEE**

This is to certify that \_\_\_\_\_

has satisfactorily completed all requirements and is recommended for the award of

**CARDIAC INTERVENTIONAL IMAGING (ANGIOGRAPHY) LEVEL 1 CERTIFICATION**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

**PAYMENT AUTHORITY**

<b>COSTS</b>			
			<b>Total Costs:</b>
<b>PAYMENT TYPE</b>	<b>Cheque</b> Please make payable to the	<b>Credit Card</b> Please select the card below	
	<b>“Australian Society of Medical Imaging and Radiation Therapy”</b>	<b>VISA</b>	<b>MASTERCARD</b> <b>AMEX</b>
<b>CREDIT CARD NUMBER</b>			
<b>EXPIRY DATE</b>		<b>CCV NO.</b> (LAST 3 DIGITS ON BACK OF CARD, OR LAST 4 DIGITS FOR AMEX)	
<b>CARDHOLDER'S NAME</b>			
<b>CARDHOLDER'S SIGNATURE</b>			

*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

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