



(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: VASCULAR INTERVENTIONAL IMAGING (ANGIOGRAPHY) LEVEL 1 CERTIFICATION

VASCULAR LEVEL 1 EXAMINATION TAKEN IN: _____

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

I, _____, certify that I have performed over 150 vascular 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 vascular 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 – ASMIRT

This is to certify that _____
 has satisfactorily completed all requirements and is recommended for the award of
VASCULAR INTERVENTIONAL IMAGING (ANGIOGRAPHY) LEVEL 1 CERTIFICATION

Signed _____ Date _____
 Name _____ Position _____

PAYMENT AUTHORITY

COSTS			
			Total Costs:
PAYMENT TYPE	Cheque		
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

