



APPLICATION FOR CERTIFICATE OF MAMMOGRAPHIC PRACTICE (CMP)

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

Please complete with reference to Guidelines for Issue of the
Certificate of Mammographic Practice available from www.asmirt.org/certification

CONTACT DETAILS			
MEMBERSHIP NO		SURNAME	
GIVEN NAMES		MAIDEN NAME	
TITLE: MR/MRS/MS/MISS/OTHER		DATE OF BIRTH	
RESIDENTIAL ADDRESS			
TOWN/SUBURB		STATE	POSTCODE
TEL (HOME)		TEL (BUSINESS)	
TEL (MOBILE)		EMAIL	
COUNTRY			
CERTIFIED MAMMOGRAPHY COURSE UNDERTAKEN AT		YEAR	

APPLICANT'S DECLARATION			
The following may gain a Certificate of Mammographic Practice (previously CCPM) and documented evidence of the following must be included:			
<ul style="list-style-type: none">Evidence in the form of copies of certificate/s of satisfactory completion of both academic and clinical components of an ASMIRT- credentialed mammography course OREvidence of Completion of the Charles Sturt University Graduate Diploma in Mammography Program 2014, 2015, 2016 & 2019			
DO NOT SEND ORIGINALS AS WE CANNOT GUARANTEE THEIR RETURN.		Documentation attached	Yes No
Signed		Date	

OFFICE USE ONLY			
CERTIFICATE NO		DATE OPERATIVE	
SIGNED		REVIEW DATE/S	
CERTIFICATE TO	Applicant	Other	
DATE MAILED	Surface/Air	Registered No.	
NOT GRANTED:	Ref No	Signed	

DECLARATION –OFFICE USE ONLY	
This is to certify that (Applicant's Name) has satisfactorily completed all requirements and is recommended for the award of CERTIFICATE OF MAMMOGRAPHIC PRACTICE	
Date recommended	
Signed	Date
Chairperson – BIRG (print)	

PAYMENT AUTHORITY

COSTS			
			Total Costs:
PAYMENT TYPE	Cheque Please make payable to the "Australian Society of Medical Imaging and Radiation Therapy"	Credit Card Please select the card below VISA MASTERCARD 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.

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:
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