



Australian Society of Medical Imaging and Radiation Therapy

The national professional organisation representing medical radiation practitioners

ABN 26 924 779 836

APPLICATION FOR TIME EXTENSION FOR RENEWAL OF CT INTERMEDIATE LEVEL CERTIFICATION

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			

APPLICANT'S DECLARATION	
I, _____, wish to apply for an extension of my	
<input type="checkbox"/> Renewal CT INTERMEDIATE LEVEL Certification for a period of _____ months	
The reason for this request is:	
Signed _____	Date _____

The application must be completed in full and signed by the applicant before it can be processed.
Supporting documentation **MUST** be attached to the application for review by ASMIRT. (Doctor's Certificates, Letter from Employer, Statutory Declaration etc). Extension period granted is at the discretion of ASMIRT.

OFFICE USE ONLY			
CT CERTIFICATION NO.		NEW EXPIRY	
SIGNED			
DOCUMENTATION ATTACHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DECLARATION – ASMIRT			
This is to certify that _____			
has been approved for a time extension for the renewal of their certification. The granted extension is for _____ months.			
Signed _____	Date _____		
Name _____	Position _____		

Registered Office:

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