



APPLICATION FOR **RENEWAL** OF MAGNETIC RESONANCE IMAGING (MRI) LEVEL 1 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			

MRI LEVEL 1 CERTIFICATION NO.		EXPIRY	
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PART B CLINICAL COMPONENT: STATEMENT OF CLINICAL EXPERIENCE IN MRI

I, _____, certify that I have performed over 900 clinical MRI examinations (minimum 300 clinical MRI examinations per year) in the 3-year period between the dates _____ 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 900 clinical MRI 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

MRI LEVEL 1 CERTIFICATION NO.		DATE OPERATIVE	
SIGNED			
PAYMENT RECEIVED		RECEIPT NO.	
DATE MAILED			

DECLARATION - ASMIRT

This is to certify that _____
 has satisfactorily completed all requirements and is recommended for the award of **MRI LEVEL 1 CERTIFICATION**.

Signed _____ Date _____
 Name _____ Position _____

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 <div style="display: flex; justify-content: space-around;"> VISA MASTERCARD AMEX </div>			
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:

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