



REGISTERED OFFICE

**32 BEDFORD STREET, COLLINGWOOD
VICTORIA 3066**

**AUSTRALIAN INSTITUTE
OF RADIOGRAPHY**

A.B.N. 26 924 779 836

**APPLICATION FOR TIME EXTENSION FOR RENEWAL OF
CERTIFICATE OF ACCREDITATION
IN
MAGNETIC RESONANCE IMAGING**

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AUSTRALIAN INSTITUTE OF RADIOGRAPHY

APPLICATION FOR TIME EXTENSION FOR RENEWAL OF MAGNETIC RESONANCE IMAGING ACCREDITATION

SURNAME:..... AIR MEMBERSHIP NO:.....

Please Print

GIVEN NAMES:.....

TITLE: Mr, Mrs, Miss, Ms, Other:..... DATE OF BIRTH:.....

ADDRESS:.....

.....POST CODE:.....

EMAIL ADDRESS:.....

CONTACT NO: (BH):.....(MOB):.....

VALIDATED STATEMENT OF ACCREDITATION NO:.....

MRI ACCREDITATION NO:..... DATED:.....

ISSUED IN THE NAME OF:.....

REQUEST FOR TIME EXTENSION FOR RENEWAL OF MAGNETIC RESONANCE IMAGING ACCREDITATION

I _____ wish to apply for an extension of for my
level 1/level 2 (circle appropriate level) accreditation.

The reason for this request is Maternity Leave
 Extended Sick Leave
 Long Service Leave
 Other (please expand) _____

APPLICANT'S SIGNATURE

DATE

Supporting documentation must be attached. e.g Doctor's certificate, letter
from employer, Statutory Declaration etc,

OFFICE USE ONLY

Date Application Received _____

All Documentation Included **Yes** **No**

Extension Granted **Yes** **No**

Renewal Due _____

New Renewal Date (if applicable) _____