

OFFICE USE ONLY

VOSA No. _____

Date processed _____

Receipt No. _____

AIR staff member _____

AIR VALIDATED STATEMENT
OF ACCREDITATION

NOTICE

A Validated Statement of Accreditation will cost the applicant \$A200.00 plus \$A20.00 GST. In order to assist State PAECs, the following procedure should be followed.

- 1 An application form is completed by the applicant and forwarded to the STATE PAEC Honorary Secretary or nominee, who validates the application and forwards the completed application form (with PDY reports) to the AIR Secretariat.
- 2 If the applicant is an international student, evidence of understanding and fluency in English must be attached to the application form.
- 3 The applicant completes the tear off remittance advice and forwards this to the AIR Secretariat with payment of \$A220.00.
- 4 When the completed application form and payment have been received a Validated Statement of Accreditation will be issued.
- 5 Applicants who apply for Ordinary Membership of the AIR within three months of issue of the Validated Statement of Accreditation will receive a \$A100.00 rebate off the cost of the Ordinary Membership subscription.
- 6 No Validated Statement of Accreditation will be issued until payment is received.
- 7 The Validated Statement of Accreditation is valid for 3 years, after which time a new Validated Statement will be issued on evidence of the required Continuing Professional Development credits.

D K D Collier
Executive Officer



AUSTRALIAN INSTITUTE
OF RADIOGRAPHY

ABN 26 924 779 836

Application for
VALIDATED STATEMENT OF ACCREDITATION

PROFESSIONAL ACCREDITATION
AND EDUCATION BOARD

PO BOX 1169 COLLINGWOOD
VICTORIA 3066
AUSTRALIA

Tel (03) 9419 3336 Fax (03) 9416 0783
Email air@air.asn.au
Website www.air.asn.au

AIR Registered Office
32 Bedford Street Collingwood Victoria 3066 Australia

AUSTRALIAN INSTITUTE OF RADIOGRAPHY
PROFESSIONAL ACCREDITATION AND EDUCATION BOARD

Application for
VALIDATED STATEMENT OF ACCREDITATION

Surname _____ Date of birth ___/___/___
Maiden name _____
Given names _____
Title (circle one) Mr Mrs Ms Other
Address _____

Town/Suburb _____ State _____ Postcode _____
Tel (W) _____ Tel (H/M) _____
Email _____
Academic institution attended _____
Qualification obtained _____ Year _____

International students seeking a Validated
Statement of Accreditation

Must submit with application, evidence of understanding and fluency in English. Either of the following is required:
n Overall band score of not less than 7 Academic with no element below 7 in the International English Language Testing System (IELTS).
n Overall minimum of Level B in all elements of the Australian Occupational English test (OET).

I declare that the information I have supplied in this application and attached (if applicable) is complete, correct and up to date in every detail, I understand that if I give false or misleading information, my application may be refused.

I understand the Validated Statement of Accreditation I am applying for is valid for a 3-year period after which time a further Validated Statement will be issued on evidence of Continuing Professional Development (CPD).

Signature of applicant _____
Date ___/___/___

OFFICE USE ONLY

Accreditation No. _____ Date operative ___/___/___
Signed _____ Expiry date ___/___/___
Statement sent to –
 Applicant Other
Mailed on ___/___/___

I am an International student and will require a Skills Assessment letter for Immigration purposes.

Applications must be validated by the Secretary or nominee of the relevant State PAEC in which the applicant is employed to indicate that the PDY/ Internship has been completed satisfactorily.

VALIDATION BY STATE PAEC

This is to certify that _____
Applicant's name

Has satisfactorily completed all requirements and is recommended for the issue of:

VALIDATED STATEMENT OF ACCREDITATION

Date recommended ___/___/___

Diagnostic

Therapy

State/Territory where PDY completed _____

Signed _____

Secretary – State PAEC or nominee

Date ___/___/___

AUSTRALIAN INSTITUTE OF RADIOGRAPHY
ABN 26 924 779 836

VALIDATED STATEMENT OF ACCREDITATION

REMITTANCE ADVICE

This section must be mailed by the applicant with required remittance to
Executive Officer
Australian Institute of Radiography
PO BOX 1169 Collingwood Victoria 3066 Australia

Surname _____
Given names _____
Title (circle one) Mr Mrs Ms Other
Address _____

Town/Suburb _____ State _____ Postcode _____
Tel (W) _____ Tel (H/M) _____
Email _____

Application for the issue of
VALIDATED STATEMENT OF ACCREDITATION
(Required for Licensing / Registration)

COST \$A200.00 plus \$A20.00 GST (Rebate of \$A100.00 given off membership subscription if membership application is received at the Secretariat within 3 months of receipt of this form and remittance.

NOTE Application form to be signed by the Secretary of the State PAEC and then forwarded to the AIR Secretariat where the Validated Statement of Accreditation will be prepared and forwarded to the applicant or for graduation ceremonies only on receipt of payment.

International students must attach evidence of understanding and fluency in English

Enclosed cheque for \$A220.00

OR charge cost to Visa MasterCard Amex

Name of cardholder (print) _____

Card No. _____

Expiry date ___/___

Signature of cardholder _____