



ABN 26 924 779 836

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

APPLICATION FOR ADVANCED BREAST IMAGING CERTIFICATE

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Revised 13/12/2010

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

**APPLICATION FOR ADVANCED BREAST IMAGING
CERTIFICATE**

(Refer to ABIC Guidelines found on www.air.asn.au)

Surname:(Please Print)
(Mr, Mrs, Miss, Ms, Other)

AIR Membership No

Given Names:

Address:

..... Post Code.....Tel No.....

Statement of Accreditation **Or**
Conjoint Board Certificate/Diploma No.Email:.....

Issued in the name of:

Certificate of Clinical Proficiency in Mammography no:

The completed Application should be returned with:

1. Evidence of a minimum of 5 years (full-time equivalent) experience in the field of Breast Imaging.
2. Evidence of current employment in the field of Breast Imaging.
3. Copy of current Certificate of Clinical Proficiency in Mammography (CCPM).
4. Evidence of participation in the AIR CPD program.
5. Items from each of the prescribed criteria categories A, B, & C as outlined in the Guidelines for Applications for the Advanced Breast Imaging Certificate of the AIR.
6. Supporting evidence of all items submitted.
7. The prescribed fee.

DO NOT SEND ORIGINALS AS WE CAN NOT GUARANTEE THEIR RETURN

Documentation attached Yes No Prev Supplied

Signature of Applicant:..... Date:

OFFICE USE ONLY

Certificate No: Date Operative:

Signed:.....

Certificate to: Applicant Other

Mailed:.....Surface/Air:.....Registered No

Not Granted: Ref No.Signed

COST OF CERTIFICATE: Member NO CHARGE
Non Member \$120.00 Plus \$12.00 G.S.T. = \$132.00

ENCLOSED: Cheque Credit Card:- VISA M/C AMEX

EXPIRY DATE /

SIGNATURE OF CARDHOLDER

SURNAME OF CARDHOLDER (PLEASE PRINT)

DECLARATION – Office Use Only

This is to certify that
Applicants Name

has satisfactorily completed all requirements and is recommended for the award of:

ADVANCED BREAST IMAGING CERTIFICATE

Date Recommended:

Signed: Date:

Chairperson—M.I.A.P. 2 (print)