

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

Application for  
**MAGNETIC RESONANCE IMAGING  
LEVEL 1 ACCREDITATION**

Surname \_\_\_\_\_ AIR Member No. \_\_\_\_\_

Given Names \_\_\_\_\_ Maiden Name \_\_\_\_\_

Title (circle one) Mr Mrs Ms Miss Other \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Town/Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Tel (H) ( ) \_\_\_\_\_ Tel (M) \_\_\_\_\_

Email \_\_\_\_\_

Validated Statement of Accreditation No. \_\_\_\_\_

Accredited MRI Exam taken in March or September (please circle) Year \_\_\_\_\_

**Statement of Clinical Experience in  
Magnetic Resonance Imaging for Level 1 Accreditation**

I \_\_\_\_\_ certify that I have performed *over* 300 MRI examinations during the 12-month period between the dates of \_\_\_\_\_ and \_\_\_\_\_ (This period must be within the previous 2 years and have a duration of 12 months to be deemed acceptable by MIAP1 for approval)

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor's Verification**

I \_\_\_\_\_ supervisor of the individual identified on the application verify that the individual has successfully completed *over* 300 MRI examinations during the time period described above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Name of Institution \_\_\_\_\_

**This application must be completed in full and signed by the applicant and his/her supervisor before it can be processed.**

**Applicants must hold a current Validated Statement of Accreditation issued by the AIR in order to be eligible for a Certificate of Accreditation in MRI Level 1.**

**OFFICE USE ONLY**

Certificate No. \_\_\_\_\_ Date operative \_\_\_\_\_

Signed \_\_\_\_\_

Payment received \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date mailed \_\_\_\_\_

**DECLARATION – MIAP1**

This is to certify that \_\_\_\_\_

(Applicant's Name)

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

**CERTIFICATE OF ACCREDITATION IN MRI LEVEL 1**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

**Application for Certificate of Accreditation in  
MAGNETIC RESONANCE IMAGING LEVEL 1**

**Cost** Member: No Charge or Non-Member: \$165.00 (incl. \$15.00 GST)

Please find an enclosed cheque

or

Charge cost to (please circle) Visa MasterCard American Express

Name of cardholder (print) \_\_\_\_\_

Card No. \_\_\_\_\_

Expiry Date \_\_\_\_\_ CCV No. (last 3 digits on back of card) \_\_\_\_\_

Signature of cardholder \_\_\_\_\_



**AUSTRALIAN INSTITUTE  
OF RADIOGRAPHY**

ABN 26 924 779 836

**Application for  
CERTIFICATE OF ACCREDITATION  
in  
MAGNETIC RESONANCE IMAGING  
LEVEL 1**

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