

AUSTRALIAN INSTITUTE OF RADIOGRAPHY
Application for RENEWAL
**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. _____
MRI Level 1 Accreditation No. _____ Dated _____

**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 the Renewal of 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 RENEWAL
CERTIFICATE OF ACCREDITATION
in
MAGNETIC RESONANCE IMAGING
LEVEL 1**

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