

AUSTRALIAN INSTITUTE OF RADIOGRAPHY  
Application for  
**MAGNETIC RESONANCE IMAGING  
LEVEL 2 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 Accreditation No. \_\_\_\_\_ Dated \_\_\_\_\_

**Statement of Clinical Experience in  
Magnetic Resonance Imaging for Level 2 Accreditation**

I \_\_\_\_\_ certify that I have:

- had a minimum of 3 years full time equivalent experience in MRI, and
- completed 1000 clinical MRI examination within the period of \_\_\_\_\_ and \_\_\_\_\_.

(This period must be within the previous 3 years)

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

**Supervisor's Verification**

I \_\_\_\_\_ supervisor of the individual identified on the application verify that the individual has successfully completed a minimum of 3 years full time equivalent experience in MRI and have completed 1000 clinical MRI examinations within the time period indicated above.

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

Position \_\_\_\_\_

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

**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 2.**

**REQUIREMENTS TO GAIN A CERTIFICATE OF ACCREDITATION IN  
MAGNETIC RESONANCE IMAGING LEVEL 2 VALIDATED FOR 3 YEARS**

DOCUMENTED EVIDENCE OF THE FOLLOWING MUST BE INCLUDED:

- Accrued minimum 100 credits within the 5 year period prior to application (see MRI Level 2 Credits System Category)
- 3 years equivalent full time MRI experience prior to submission of application

**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 2**

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

Name \_\_\_\_\_

Position \_\_\_\_\_

**Application for the issue of Certificate of Accreditation in  
MAGNETIC RESONANCE IMAGING LEVEL 2**

**Cost** Member: No Charge or Non-Member: \$242.00 (incl. \$22.00 GST)

Please find an enclosed cheque \*made payable to AIR

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 \_\_\_\_\_

## CREDITS SYSTEM CATEGORY

	MAX CREDITS PER UNIT	MAX CREDITS
<b>Clinical Experience</b>		
Full time MR experience (max 5 years)	5	25
or Full time MR supervisor (max 5 years)	8	40
<b>MRI Educational Courses</b>		
Tertiary post-grad MR course or part thereof (10 points per unit)	60	60
Minor Course	10	30
Thesis	40	40
<b>MRI Presentations</b>		
Major International Conference	15	45
Minor conference (seminar, national, workshop)	8	24
Local MR users group	2	10
<b>Attendance MR Conference</b>		
Major International Conference	3	10
Minor Conferences (2 – 3 day duration)	2	10
Workshop, vendor users group meetings, one-day meetings	2	10
Local MR users group, relevant clinical meetings	1	10
Organiser of conference or seminar	5	10
<b>Publications</b>		
Non-peer reviewed articles	5	15
Peer reviewed publications	15	45
<b>Other related Post-graduate Courses</b>		
Management, Education etc. – will be assessed on merit and relevance		40
<b>Other Related MRI Activities</b>		
Will be assessed on merit and relevance		40

- *Minimum of 3 years equivalent full time MR experience must be completed prior to application*
- *Credits must be accrued within the 5 years prior to application*
- *Course content information must be provided for post-graduate courses, fellowship courses and vendor courses to enable appropriate point allocation*
- *Documented proof of attendance/participation must be submitted with application*
- *Credits will be allocated at the discretion of the MIAP1*



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ABN 26 924 779 836

Application for  
**CERTIFICATE OF ACCREDITATION**  
in  
**MAGNETIC RESONANCE IMAGING**  
**LEVEL 2**

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