



ABN 26 924 779 836

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

**APPLICATION
FOR
CERTIFICATE OF CLINICAL
PROFICIENCY IN MAMMOGRAHY**

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Revised 13/12/2010

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APPLICATION FOR CERTIFICATE OF CLINICAL PROFICIENCY IN MAMMOGRAPHY

(Please complete with reference to Guidelines for Issue of the Certificate of Clinical Proficiency in Mammography available from 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:

Accredited Mammography Course undertaken at:

..... Year:

The following may gain a Certificate of Clinical Proficiency in Mammography and documented evidence of the following **must** be included:

Evidence of satisfactory completion (within a five-year period) of an A.I.R. accredited mammography course with both academic and clinical components or separate modules.

[The applicant must be a radiographer (medical imaging technologist) holding accreditation issued by the A.I.R.]

DO NOT SEND ORIGINALS AS WE CAN NOT GUARANTEE THEIR RETURN

Documentation attached Yes No

Signature of Applicant: Date:

OFFICE USE ONLY

Certificate No: Date Operative:

Signed:.....

Review Date/s:

Certificate to: Applicant Other

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

Not Granted: Ref No.Signed

COST OF CERTIFICATE: Member NO CHARGE
Non Member \$75.00 Plus \$7.50 G.S.T. = \$82.50

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:

CERTIFICATE OF CLINICAL PROFICIENCY IN MAMMOGRAPHY

Date Recommended:

Signed: Date:

Chairperson—M.I.A.P. 2 (print)