



ABN 26 924 779 836

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

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

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APPLICATION FOR RENEWAL OF CERTIFICATE OF CLINICAL PROFICIENCY IN MAMMOGRAPHY

(Please complete with reference to Guidelines for the Renewal 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

C.C.P.M. No Email:

Issued in the name of:

The following may gain a renewal of the Certificate of Clinical Proficiency in Mammography:

- 25 hrs over 5 years of Continuing Professional Development relevant to Breast Imaging
• Clinical involvement in breast imaging for an average of 150 hours per year over the five-year period.

DO NOT SEND ORIGINALS AS WE CAN NOT GUARANTEE THEIR RETURN

Documented evidence must be supplied

Documentation attached Yes No

Signature of Applicant: Date:

N.B. The five-year period applies from the issue date of the C.C.P.M. The date for renewal will be the expiry date. [The applicant must be a Radiographer (Medical Imaging Technologist) holding accreditation issued by the A.I.R.]

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)