

**APPLICATION FOR RENEWAL OF CERTIFICATE OF ACCREDITATION
IN MAGNETIC RESONANCE IMAGING LEVEL 2**

OFFICE USE ONLY

CA renew MRI Level 2 No. _____

Date processed _____

Receipt No. _____

AIR staff member _____

MRI LEVEL 2 POINTS SYSTEM CATEGORY	Max. points / units	Max. points
CLINICAL EXPERIENCE		
Full time MR experience (max. 3 years)	3	9
OR		
Full time MR supervisor (max. 3 years)	5	15
MRI EDUCATIONAL COURSES		
Tertiary postgraduate MR course or part thereof (10 points per subject)	60	60
Minor Course e.g. Fellowship or structured training course	10	30
Thesis	40	40
MRI PRESENTATIONS		
Major international conference	15	45
Minor conference (seminar, national, workshop)	8	24
Local MR users group	2	10
ATTENDANCE MR CONFERENCE		
Major international conference (3 per day)	10	30
Minor conferences (2–3 day duration) (2 per day)	6	18
Workshop, Vendor user group meetings, One-day meetings	2	10
Local MR user group, Relevant clinical meetings	1	10
Organiser of conference or seminar	5	10
PUBLICATIONS		
Non-peer reviewed articles	5	15
Peer reviewed publications	15	45
OTHER RELATED POST-GRADUATE COURSES e.g. Management, Education etc. will be assessed on merit and relevance		40
OTHER RELATED MRI ACTIVITIES Will be assessed on merit and relevance		40

NOTE

- Minimum of 2 years equivalent full time MR experience in MRI and/or completion of 1000 MRI examinations within the 3 years prior to application is required to maintain accreditation.
- Points must be accrued within the 3 years prior to application for renewal.
- Course content information must be provided for postgraduate courses, fellowship courses and vendor courses to enable appropriate point application.
- Documented proof of attendance/participation must be submitted with application.
- Points will be allocated at the discretion of the MIAP 1.



**AUSTRALIAN INSTITUTE
OF RADIOGRAPHY**

ABN 26 924 779 836

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

PO BOX 1169 COLLINGWOOD
VICTORIA 3066
AUSTRALIA

Tel (03) 9419 3336 Fax (03) 9416 0783
Email air@air.asn.au
Website www.air.asn.au

AIR Registered Office
32 Bedford Street Collingwood Victoria 3066 Australia

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

Application for RENEWAL

**MAGNETIC RESONANCE IMAGING
LEVEL 2 ACCREDITATION**

Surname _____ AIR Member No. _____

Maiden name _____ Date of Birth __ __ / __ __ / __ __

Given names _____

Title (circle one) Mr Mrs Ms Other

Address _____

Town/Suburb _____ State _____ Postcode _____

Tel (W) _____ Tel (H/M) _____

Email _____

Validated Statement of Accreditation No. _____

MRI Level 2 Accreditation No. _____ Dated __ __ / __ __ / __ __

Issue in the name of _____

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

I _____
certify that I have had a minimum of 2 years full time equivalent experience in MRI
and have completed 1000 clinical MRI examinations within the period between
_____ and _____

(This period must be during the past 3 years)

Signed _____ Date __ __ / __ __ / __ __

Supervisor's Verification

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

Signed _____ Date __ __ / __ __ / __ __

Position _____

Name of Institution _____

**Requirements to Gain Renewal of Accreditation in
Magnetic Resonance Imaging Level 2
Validated for 3 years**

Documented evidence of accrued minimum 45 points within the 3 years
prior to renewal of application must be supplied with this application (see
back page).

Documentation attached YES NO

OFFICE USE ONLY

Certificate No. _____ Date operative __ __ / __ __ / __ __

Signed _____

Payment received _____ Receipt No. _____

Certificate to Applicant Other

Mailed _____

Not Granted – Ref. No. _____

Signed _____

OFFICE USE ONLY

DECLARATION – MIAP 1

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 and Position _____

Print

AUSTRALIAN INSTITUTE OF RADIOGRAPHY
ABN 26 924 779 836

RENEWAL MAGNETIC RESONANCE IMAGING LEVEL 2

REMITTANCE ADVICE

**This section must be mailed by the applicant
with required remittance to**

**Executive Officer
Australian Institute of Radiography
PO BOX 1169 Collingwood Victoria 3066 Australia**

Surname _____

Given names _____

Title (circle one) Mr Mrs Ms Other

Address _____

Town/Suburb _____ State _____ Postcode _____

Tel (W) _____ Tel (H/M) _____

Email _____

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

COST

MEMBER No charge

NON-MEMBER \$A242.00 (\$A220.00 + \$A22.00 GST)

Enclosed cheque

OR charge cost to Visa MasterCard Amex

Name of cardholder (print) _____

Card No. _____

Expiry date __ __ / __ __

Signature of cardholder _____