



REGISTERED OFFICE

32 BEDFORD STREET, COLLINGWOOD
VICTORIA 3066

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

A.B.N. 26 924 779 836

APPLICATION FOR:

RENEWAL of **VALIDATED STATEMENT OF ACCREDITATION**

**FOR PRACTITIONERS WHO ARE NOT MEMBERS
OF THE AUSTRALIAN INSTITUTE OF RADIOGRAPHY
or ENROLLED IN THE NON-MEMBER CPD PROGRAM**

*If you are enrolled in the AIR CPD Program either as a member of the AIR or through individual or corporate sponsorship in the non-member CPD program you are **not** required to complete this application form, your renewed Validated Statement of Accreditation will be automatically sent to you.*

P.O. BOX 1169, COLLINGWOOD, VICTORIA, AUSTRALIA, 3066
TELEPHONE: (03) 9419 3336. FAX: (03) 9416 0783
WEBSITE: www.air.asn.au.

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

APPLICATION FOR: RENEWAL of VALIDATED STATEMENT OF ACCREDITATION

SURNAME..... DATE OF BIRTH.....
Please Print

GIVEN NAMES.....

TITLE: Mr, Mrs, Miss, Ms, Other.....

ADDRESS.....

.....

Phone : (W) (M)

Email :

I declare that the information I have supplied in this application and attached is complete, correct and up to date in every detail. I understand that if I give false or misleading information, my application may be refused.

I understand that the renewed Validated Statement of Accreditation I am applying for is valid for a three year period after which time a further Validated Statement of Accreditation will be issued on evidence of Continuing Professional Development (CPD).

SIGNATURE OF APPLICANT:.....

COST: \$495.00 (inc. GST)				
ENCLOSED: CHEQUE	CREDIT CARD: Visa	<input type="checkbox"/>	M/C <input type="checkbox"/>	Amex <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPIRY DATE:...../.....				
SIGNATURE OF CARDHOLDER:.....				
SURNAME OF CARDHOLDER (please print).....				

The AIR requires applicants applying for a renewed Validated Statement of Accreditation to provide evidence of ongoing participation in Continuing Professional Development (CPD) activities over the preceding three years. The evidence provided must be equivalent to the requirements for successful completion of the AIR Triennial CPD Program.

For successful completion of the AIR CPD program a participant **must**:

- Achieve a minimum of 36 credits over the triennial (3 year) period
- Achieve a minimum of 6 credits in any one year of the triennial period
- Acquire credits from a minimum of 2 of the 5 CPD activity groups listed in the AIR CPD credit recognition framework.

Evidence accepted by the AIR may include:

- Certificates of participation or attendance at Conferences, Seminars, Workshops or Applications Training
- Certificates of participation in mandatory safety training such as; CPR, Fire and Evacuation training, OH&S, Manual Handling or 'No lift' training
- Results transcripts from Universities or TAFE colleges
- Letters of support from employers as evidence of; workplace training, supervision or training of students, PDY's, Interns or Colleagues
- A copy of the front page of a journal article which has been signed and dated
- Details of online learning activities (this must include website details, and copies of any certificates that may have been generated for successful completion of the activity)
- Letters of support or thanks from committees or working parties

It is recommended that you DO NOT send original documents, these documents will remain on file. Please send PHOTOCOPIES ONLY.

OFFICE USE ONLY

Accreditation No:.....Date Operative:.....

Signed:.....Expiry Date:.....

Statement to: Applicant Other.....

Mailed:.....

Not Granted: Ref No.....Signed.....

