



Australian Institute of Radiography Non-Member CPD Enrolment Form

The following application form is for use by persons wishing to participate in the AIR CPD program who are not current members of the Australian Institute of Radiography. Participants in the Non-Member CPD Program will be charged an annual fee of \$165.00 (GST inc.) for 2010.

Title: Mr Mrs Ms Dr. Other _____

Name: _____

Surname: _____ **Maiden-name:** (If applicable) _____

Address: _____

Suburb: _____ **State:** **Postcode:**

Telephone: (W) () _____ (M) _____

Email: _____

Are you enrolling in the CPD program as part of a Professional Development Year (PDY) Program?

YES NO

CONDITIONS

A 'Validated Statement of Accreditation' will be issued to participants if all of the following conditions are met:

- Participants are registered using this form.
- Non-Members are required to pay an annual fee of \$165.00 (GST inc.). This fee includes administration and service infrastructure supporting the model, registration and issue of certificates to successful participants.
- Participant holds a current Validated Statement of Accreditation from the AIR
- Professional Standards Manager (PSM) accepts the registration.
- Participant accumulates a minimum of 6 credits per year of the triennial program and accumulates 36 credits prior to the conclusion of the triennium program.
- In the case of enrolment in the AIR PDY CPD program, the participant is required to accumulate 12 credits prior to the conclusion of the 1 year CPD cycle.
- Participant records credits on the AIR CPD database via electronic lodgement or submits a completed manual activity log or professional portfolio to the PSM one month prior to the end of the CPD cycle.
- Participant submits evidence of compliance if requested by the PSM in an audit.
- In the event of dispute, the decision of the AIR Board is final.

NOTE: Although electronic lodgement of CPD activities is available to all participants, evidence to substantiate these claims is the responsibility of the participant and must be kept for one year following the conclusion of a CPD cycle.

I accept these conditions

Signed: _____ Date: _____

PAYMENT / TAX INVOICE- ABN: 26 924 779 836 *Non-Member CPD Program* (\$150.00 + \$15.00 GST)

Method: Cheque B/Card Visa M/Card Amex

Card Number:

Expiry Date: /

NAME OF CARD HOLDER (Please print): _____

SIGNATURE OF CARD HOLDER: _____