



AUSTRALIAN INSTITUTE OF RADIOGRAPHY

ABN 26 924 779 836

Continuing Professional Development Activity Log

Name: AIR Membership number:
 Address:
 State: Post Code: Phone:
 Email address:

DATE	ACTIVITY	GROUP (Organised Program, Writing, Self-directed, Professional Services or Other)	CATEGORY A or B	CREDITS	DISCIPLINE

DISCIPLINES: Education (E), Research (R), Safety (S), Administration (A), General Radiography (G), MRI (I), Computed Tomography (C), Mammography (M), Digital Radiography (D), Cardiology (K), DSA (L), Treatment Delivery (T), Brachytherapy (B), Planning (P), General Radiation Oncology (O), Nuclear Medicine (N), Ultrasound –General (U), Ultrasound – ASAR transfer (V).

Participant's Signature: Date:/...../.....

Please Mail to: P.O. Box 1169, Collingwood, Victoria, Australia, 3066 or Fax to: (03) 9416 0783