Australian Society of Medical Imaging and Radiation Therapy



The national professional organisation representing medical radiation practitioners ABN 26 924 779 836

APPLICATION FOR CERTIFICATE

OF MAMMOGRAPHIC PRACTICE (CMP)

(Fees Current 01 July 2023 Through to 30 June 2024)

Please complete with reference to Guidelines for Issue of the Certificate of Mammographic Practice available from www.asmirt.org/certification#a4

CONTACT DETAILS								
MEMBERSHIP NO					SURNAME			
GIVEN NAMES					MAIDEN NAME			
TITLE: MR/MRS/MS/MISS/OTHER				DATE OF BIRTH				
RESIDENTIAL ADDRESS								
TOWN/SUBURB				STATE			POSTCODE	
TEL (HOME)				TEL (BUSINESS)				
TEL (MOBILE)				EMAIL				
COUNTRY								
CERTIFIED MAMMOGRAPHY COURSE UNDERTAKEN AT					YEA	R		

APPLICANT'S DECLARATION

The following may gain a Certificate of Mammographic Practice (previously CCPM) and documented evidence of the following must be included:

- Evidence in the form of copies of certificate/s of satisfactory completion of both academic and clinical components of an ASMIRT- credentialled mammography course OR
- Evidence of Completion of the Charles Sturt University Graduate Diploma in Mammography Program 2014, 2015, 2016 & 2019

DO NOT SEND ORIGINALS AS WE CANNOT GUARANTEE THEIR RETURN.

Documentation a	attached
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Yes

No

Signed

Date

OFFICE USE ONLY							
CERTIFICATE NO		DATE OPERATIVE					
SIGNED		REVIEW DATE/S					
CERTIFICATE TO	Applicant	Other					
DATE MAILED	Surface/Air	Registered No.					
NOT GRANTED:	Ref No	Signed					
This is to certify that recommended for the award of CER Date recommended Signed	DECLARATION –OFFICE USE ONL (Applicant's Name) has satis	factorily completed	all requirements and is				
Chairperson – BIRG (print)							

Updated July 2023

PAYMENT AUTHORITY							
COSTS				Total Costs:			
PAYMENT TYPE	Cheque Please make payable to the "Australian Society of Medical Imaging and Radiation Therapy"		Credit Can Please sele VISA	rd ect the card below MASTERCARD	AMEX		
CREDIT CARD NUMBER							
EXPIRY DATE		CCV NO. (LAST 3 DIGITS ON BACK OF CARD, OR LAST 4 DIGITS FOR AMEX)					
CARDHOLDER'S NAME							
CARDHOLDER'S SIGNATURE			n AUD dollars and include (

All prices are quoted in AUD dollars and include GST.



Registered Office:

Suite 1040 (Level 10) 1 Queens Road Melbourne Vic 3004 Australia

All Correspondence to:

P.O. Box 16234 Collins Street West Vic 8007 Australia

Contact us:

W www.asmirt.org