Australian Society of Medical Imaging and Radiation Therapy



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

# APPLICATION FOR <u>RENEWAL</u> CERTIFICATE OF MAMMOGRAPHIC PRACTICE

(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 <u>www.asmirt.org/certification/#a5</u>

CONTACT DETAILS							
MEMBERSHIP NO		910696		SURNAME		Nightingale	
GIVEN NAMES		Florence		MAIDEN NAME			
TITLE: MR/MRS/MS/MISS/OTHER		Ms			DATE OF BIRTH		01/01/2000
RESIDENTIAL ADDRESS		Level 10, 1 Queens Road					
TOWN/SUBURB	Melbourne		STATE	VIC		POSTCODE	3000
TEL (HOME)			TEL (BUSINESS) (03) 9419 3336		336		
TEL (MOBILE)	e) 0400 123 456		EMAIL certification		certification	@asmirt.org	
ISSUED IN THE NAM	1E OF						

### **APPLICANT'S DECLARATION**

Evidence of the following may gain a renewal of the Certificate of Mammographic Practice (previously CCPM - please see 'CMP' renewal guidelines' document for more detail):

- Minimum of 10 hours/year over 3 years of Continuing Professional Development relevant to breast mammography (Please provide activity list of CPD and breast mammography in the CMP CPD log pages)
- Clinical involvement in breast mammography for an average of 150 hours per year over the three-year period. (The applicant must have been employed in a clinical mammography setting for two of the past three years)
- Clinical competency relevant to their position / job attested to, in a statement letter by a qualified practitioner

(ie. radiologist, supervisor/tutor radiographer in mammography) or direct line manager.

#### The following will not be accepted as evidence, so please do not send:

- Lists of identified patient/client/radiographer information
- Photocopied books or articles, pay slips or times sheets
- Unverified lists of activities.

DO NOT SEND ORIGINALS AS WE CANNOT GUARANTEE THEIR RETURN.	Required documentation attached	Yes	No	)

Signed

Date 1/8/23

OFFICE USE ONLY								
CERTIFICATE NO			DATE OPE	DATE OPERATIVE				
SIGNED			REVIEW D	REVIEW DATE/S				
CERTIFICATE TO	Applicant	Applicant		Other				
DATE MAILED	Surface/Air			Registered	No.			
NOT GRANTED:	Ref No			Signed				
DECLARATION – OFFICE USE ONLY								
This is to certify that Florence Nig					mpleted	all requirements and is		
recommended for the award of CER	TIFICATE OF	MAMMOG	RAPHIC PRA	CTICE				
Date recommended								
Signed			Date					
Chairperson – BIRG (print)								

PAYMENT AUTHORITY								
	ASMIRT Financial Members (older than twelve months)   \$30.00							
COSTS	I do not wish to receive a NEW hardcopy of the certificate					\$30.00		
PAYMENT TYPE	Cheque Please make payable for the set of th	of Medical	Credit Card Please select	d ct the card below		AMEX		
CREDIT CARD NUMBER								
EXPIRY DATE		CCV NO. (LAST 3 DIGIT	S ON BACK OF CARD, (	OR LAST 4 DIGITS FO	OR AMEX)			
CARDHOLDER'S NAME								
CARDHOLDER'S SIGNATURE								
		All prices are quoted in AL	ID dollars and include GS	ST.	Clear Pay	ment section		

#### ALTERNATIVE PAYMENT METHOD

Pay by Direct Deposit to ASMIRT: BSB 633000, Acct #: 5325089

Quote Ref: Invoice #, or email remittance advice to finance@asmirt.org



#### **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:

T +61 3 9419 3336 F +61 3 9416 0783 W www.asmirt.org



# CMP CPD ACTIVITY LOG

NAME	Florence Nightingale			
CONTACT NO.	(03) 9419 3336	ASMIRT MEMBERSHIP NO.	910696	
EMAIL ADDRESS	certification@asmirt.org			

Please fill in this CPD log with mammography only activities when submitting your CMP renewal application.

DATE	BRIEF DESCRIPTION OF MAMMOGRAPHY RELATED ACTIVITY	Min (10 hours/year)
List date in sequential order per yr ie 3/2/20	For example: reading journals/mammography articles	5 hours
4/3/20	For example: BreastScreen Mammography conference	16 hours
5/5/21	For example: mammography webinar	1 hour
	Routine QA, Assessment Clinical visits and MDTM activities MUST be supported by a reflection.	
12/10/2019	ASBD 12th Scientific Meeting	6 hrs
20/12/2019	Breastscreen (State) Inservice - Add reflection for this item	8 hrs
		TOTAL = 14 hrs
24/6/2020	Siemens app training	5hrs
28/7/2020	Breastscreen (State) Inservice - Add reflection for this item	8hrs
30/7/2020	Siemens app training	5 hrs
		TOTAL = 18 hrs

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DATE	BRIEF DESCRIPTION OF ACTIVITY	HOURS/NUMBER
24/2/2021	Breastscreen QA & Radiation Safety Inservice	1.5 hrs
20/3/2021	QLD Branch CEC Breast Seminar	5 hrs
28/7/2021	CAMRT mammography module	3 hrs
29/02/2021	ISRRT Best Practices for Mammography Quality Assurance document - reading	2 hrs
28/9/2021	JMRS article - The COVID-19 BreastScreen Department – beyond the pandemic, Kelly Spuur, Vol 64:4 2020	1 hr
		TOTAL = 12.5 hrs
		IAN SP

# Registered Office:All Correspondence to:Contact us:Suite 1040-1044 (Level 10)P.O. Box 16234T +61 3 9419 33361 Queens RoadP.O. Box 16234F +61 3 9416 0783Melbourne Vic 3004AustraliaW www.asmirt.org