



## SUPERVISOR DECLARATION FOR MRI, CT & ANGIO CERTIFICATION EXAMINATIONS

This form is to be completed by those persons who wish to supervise\* an MRI/CT/Angio Certification Examination for candidates at a secure endorsed workplace setting.

\*Please refer to the corresponding Policies & Procedures Manual at <http://www.asmirt.org/certification>

### EXAMINATION PARTICIPANT DETAILS

SURNAME	
GIVEN NAMES	

### SUPERVISOR CONTACT DETAILS

SURNAME			
GIVEN NAMES			
TITLE: MR/MRS/MS/MISS/OTHER		TITLE/POSITION	
RELATIONSHIP TO PARTICIPANT			
TEL (WORK)		TEL (MOBILE)	
EMAIL			

### EXAMINATION VENUE

BUSINESS/ORGANISATION/COMPANY					
ADDRESS					
SUBURB		STATE		POSTCODE	

### SECURE EMAIL ADDRESS FOR CORRESPONDENCE\*

\*Please ensure email address details are complete and address is appropriate for receipt of confidential documents

PRIVATE/BUSINESS (Please tick)	PRIVATE	BUSINESS
BUSINESS/ORGANISATION/COMPANY		
EMAIL ADDRESS		

### SUPERVISOR'S DECLARATION

I, \_\_\_\_\_, agree to supervise the above candidate for the online/paper examination. If paper based, Examination papers will be held securely only by me until the examination. Examination papers will only be distributed at my discretion on the day of the negotiated examination, with post examination processes to be fulfilled as per instructions from ASMIRT. I agree to these conditions and verify that the secure email address provided above is true and correct.

SIGNED		DATE	
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#### Registered Office:

Suite 1040-1044 (Level 10)  
1 Queens Road  
Melbourne Vic 3004  
Australia

#### All Correspondence to:

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

#### Contact us:

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F +61 3 9416 0783  
W [www.asmirt.org](http://www.asmirt.org)

#### To submit via email,

or click on File > Send file. The form will then attach in your email client. Forms can be sent to [certification@asmirt.org](mailto:certification@asmirt.org)