

ASAR DEACTIVATION FORM



APPLICATION FOR TEMPORARY DEACTIVATION FROM THE REGISTER OF ACCREDITED SONOGRAPHERS AND STUDENT SONOGRAPHERS

When should I use this form?

Sonographers who are seeking temporary deactivation from the ASAR Register must complete this form. Deactivation may be sought due to maternity leave, travel or any other reason. Upon receipt of this form, ASAR will notify Medicare Australia of your deactivation. Once deactivated, you will not be able to conduct sonographic examinations for which a Medicare rebate is sought. Prior to recommencing work, be it on a part-time, casual or full time basis, you must reactivate your registration by completing an ASAR reactivation form.

When will deactivation take effect?

Deactivation will begin **on the date** that ASAR Secretariat receives your deactivation request. Similarly, subsequent reinstatement will occur on the date that the Secretariat receives your Reactivation request. Medicare Australia will be notified of your temporary suspension and reinstatement.

Deactivations and Reactivations cannot be backdated therefore please inform the Secretariat promptly.

What are my CPD obligations?

If the period of voluntary deactivation is less than 12 months your current CPD triennium will continue unchanged. If the period of deactivation is greater than 12 months a new CPD triennium will commence following reinstatement to the Register. CPD points can be accumulated while deactivated, however these points cannot be credited if the triennium is reset.

Are there any deactivation fees?

Registration fees paid prior to deactivation are not refundable and no further payment is required during the deactivation period. However, a reactivation fee of \$55.00 is payable when reactivating your membership in addition to the ASAR yearly membership fee of \$85.00 unless already paid that year.

What if I intend to cease clinical practice for an extended period of time?

If you leave clinical practice for a period of 3 years or more, you will be required to comply with ASAR's Return to Clinical Practice Policy within the specified timeframe. For further information regarding this policy, please visit the ASAR website www.asar.com.au or contact the ASAR secretariat.

DEACTIVATION FORM

ASAR Number _____ Title (Dr, Mr, Ms, Mrs) _____

Surname _____ Given Names _____

Address _____

_____ State _____ Postcode _____

Phone (H) () _____ Mobile _____

Approximate Period of Deactivation from the Register _____

Reason for Deactivation _____

When do you intend to reactivate your membership? _____ (date)

(Please note that if you leave clinical practice for 3 years or more, you will be required to comply with ASAR's Return to Clinical Practice Policy within the specified timeframe. A verification document confirming your last date of employment will be required when reactivating your membership).

DECLARATION

I declare that:

- 1) I have read and understood the information contained in this form,
- 2) I understand that a Reactivation Form must be completed by me when I wish to return to the Register.
- 3) I understand that a verification document confirming my last date of employment in clinical ultrasound practice needs to accompany the Reactivation Form.
- 4) I understand the CPD consequences of deactivation.
- 5) I understand that Medicare Australia will be notified of my deactivation from the Register and,
- 6) the information provided by me in this application is true and accurate.

Signature _____ Date _____

Print Name _____

Return this form to:

**The Secretariat,
Australasian Sonographer Accreditation Registry,
PO Box 8323
Baulkham Hills BC, NSW 2153 Australia
Tel: 02 8850 1144**

All enquires should be made in writing to the Secretariat, and sent to the above address, or via facsimile at: 02 8850 1177 for Australian applicants or + 61 2 8850 1177 for international applicants. Email at: registry@asar.com.au