

ASAR REACTIVATION FORM



APPLICATION FOR REACTIVATION TO THE REGISTER OF ACCREDITED SONOGRAPHERS AND STUDENT SONOGRAPHERS

When should I use this form?

This form must be completed by sonographers seeking reactivation to the ASAR Register following voluntary deactivation.

What are my CPD obligations?

If your period of voluntary deactivation is less than 12 months, the CPD triennium commenced prior to deactivation will continue unchanged. If your period of deactivation is greater than 12 months, a new CPD triennium will commence following reactivation. The date of reactivation will be taken to be the date ASAR Secretariat receives your reactivation request. Medicare Australia will be notified of your reactivation to the ASAR Register.

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

When will reactivation take effect?

Reactivation will occur on the date that this form is received by the ASAR secretariat with the prescribed fee, Medicare Australia will be notified of your reactivation. The ASAR secretariat will provide you with written confirmation of your reactivation date and your current CPD status.

Are there any reactivation fees?

A reactivation fee of AUD \$55.00 (GST inc) in addition to the ASAR yearly membership fee of \$85.00 (if not already paid) totalling \$140.00 must accompany this form.

What if I am returning to work following a period of absence?

If you have been deactivated and wish to return to clinical practice following a period of inactivity in clinical ultrasound practice of 3 years or more, you will be required to comply with ASAR's Return to Clinical Practice Policy within the specified timeframe. For more information regarding this policy, please visit the ASAR website on www.asar.com.au or contact the ASAR Secretariat prior to submitting this form.

REACTIVATION FORM

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

Surname _____ Given Names _____

Address _____

_____ State _____ Postcode _____

Phone (H) () _____ Mobile _____

Last date of working in clinical ultrasound practice _____ (date)

(Please attach a verification letter from your employer/s supporting this statement)

DECLARATION

I wish to be reactivated to the ASAR Register of Sonographers _____ (date)

Signature _____ Date _____

Print Name _____

The Reactivation Fee is AUD \$55.00 including GST in addition to an ASAR yearly membership fee of \$85.00 if not already paid. New Zealand residents should submit a bank draft for AUD \$140.00.

Payment Options (Tick payment option)

Bankcard Mastercard Visa Cheque

Card Number _____/_____/_____/_____

Expiry Date ____/____ Name on Card _____

Cardholder's Signature _____

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