

APPLICATION FORM FOR ASAR REGISTER (AMS)



APPLICATION GUIDE FOR ENTRY ONTO THE REGISTER OF ACCREDITED MEDICAL SONOGRAPHERS

Under Medicare regulations, sonographers performing ultrasound examinations on behalf of medical practitioners must be accredited. This requirement is part of the Medicare Benefits Schedule regulations. A register of qualified and accredited sonographers is maintained by ASAR in conjunction with Medicare Australia.

To be eligible for admission on to the Register of Accredited Medical Sonographers, an applicant must fit into one of the following categories:

Category 1A – Accredited Qualification

Be an Australian/New Zealand Citizen OR a Permanent Resident of Australia

And

Is a holder of an ASAR accredited qualification in medical ultrasound. A current list of accredited qualifications is available from the ASAR web site at <http://www.asar.com.au>.

Applicants with/greater than 40% of their clinical experience offshore during the course of their study will be assessed on a case-by-case basis.

Note: If the qualification was obtained more than 3 years ago, applicants need to have been active for an equivalent of 1 year part-time/6 months full-time in clinical ultrasound practice in the last 3 years. If otherwise, applicants need to comply with ASAR's return to clinical practice policy. Please refer to our ASS Application form under Provisional Student Category or contact the ASAR secretariat for more information.

Category 1B – AIR Certificate of Proficiency in Ultrasound

Be an Australian/New Zealand Citizen OR a Permanent Resident of Australia OR hold a valid Australian working visa. (Renewal each year for applicants with a valid working visa is dependent upon presenting ASAR with proof of valid work visa for that year.)

And

Is a holder of an AIR Certificate of Proficiency in Ultrasound.

Note: If the AIR certificate was obtained more than 3 years ago, applicants need to have been active for an equivalent of 1 year part-time/6 months full-time in clinical ultrasound practice in the last 3 years. If otherwise, applicants need to comply with ASAR's return to clinical practice policy. Please refer to our ASS Application form under Provisional Student Category or contact the ASAR secretariat for more information.

This category is suitable for applicants who

- hold temporary visa and wish to obtain employment in Australia
- hold overseas qualifications and wish to obtain employment in Australia
- are temporary residents and have obtained an ASAR accredited qualification and wish to obtain employment in Australia

Category 1C- Trans-Tasman agreement

Be an Australian/New Zealand Citizen OR a Permanent Resident of Australia

And

Hold a certificate of registration from the Medical Radiation Technologist Board, New Zealand.

Note: If the certificate of registration was obtained more than 3 years ago, applicants need to have been active for an equivalent of 1 year part-time/6 months full-time in clinical ultrasound practice in the last 3 years. If otherwise, applicants need to comply with ASAR's return to clinical practice policy. Please refer to our ASS Application form under Provisional Student Category or contact the ASAR secretariat for more information.

Category 3 - Five years or greater clinical experience

Be an Australian/New Zealand Citizen OR a Permanent Resident of Australia

And

Is a sonographer who at 1st November 2001 has 5 years or greater clinical experience in ultrasound within Australia/New Zealand and can demonstrate this with suitable evidence.

Note: Applicants need to have been active for an equivalent of 1 year part-time/6 months full-time in clinical ultrasound practice in the last 3 years. If otherwise, applicants need to comply with ASAR's return to clinical practice policy. Please refer to our ASS Application form under Provisional Student Category or contact the ASAR secretariat for more information.

Sonographers who wish to be registered in one or more fields must provide the relevant information **for each field of sonography** in their application form.

Ultrasound fields include:

- | | |
|------------------------------|------------------------|
| • General sonography | AMS (General) |
| • Cardiac sonography | AMS (Cardiac) |
| • Vascular sonography | AMS (Vascular) |
| • Obstetric sonography | AMS (Obstetric) |
| • Breast sonography | ABS (Breast) |
| • Cerebrovascular sonography | ACVS (Cerebrovascular) |

Sonographers who are already on the Register only need to re-apply if they require accreditation in another field. For example, an AMS may wish to also register in the cardiac field using category 3 criteria. In such cases, only the documentation relevant to the new field needs to be submitted in the application as ASAR have already processed the documentation for the general sonography field.

Sonographers who register in General sonography may not use category 3 to also register in the fields of Vascular, Obstetric Breast and Cerebrovascular sonography. General sonographers may use category 3 to also register in the field of Cardiac sonography.

Examples: Sonographer A has an accredited general ultrasound qualification and greater than 5 years experience at 1st November 2001 in vascular ultrasound. They can register in the general ultrasound field only.

Sonographer B has an accredited general ultrasound qualification and has been practicing cardiac ultrasound for more than 5 years at 1st November 2001, but has no qualification. They can register in both general and cardiac ultrasound.

Sonographer C is qualified in obstetric sonography and has been practicing breast sonography for more than 5 years at 1st November 2001. They can register in both the obstetric and breast fields.

Sonographer D has an accredited general ultrasound qualification and an accredited vascular ultrasound qualification. They can register in both general and vascular ultrasound.

For Applicants holding an overseas qualification/temporary visa

ASAR is not responsible for assessing overseas-qualified sonographers for immigration purposes. Sonographers in this situation must contact the Australian Institute of Radiography (AIR).

If the applicant is successful in the AIR assessment, granting of accreditation by ASAR is usually a simple matter of sending the AIR statement to the ASAR secretariat together with the completed ASAR application form. Application forms are available from the ASAR website www.asar.com.au or from the ASAR Secretariat.

APPLICATION FOR ENTRY ONTO THE REGISTER OF ACCREDITED MEDICAL SONOGRAPHERS

Please complete this form with a black ballpoint pen. Only **certified copies of documents** such as sonography qualifications, work visas and name changes will be accepted. **Please do not send original documents.**

Information, such as demographics, which does not identify individuals, may be published by ASAR.

You are eligible for admission to the AMS Register only if you are an Australian/New Zealand Citizen OR a Permanent Resident of Australia OR hold a valid Australian visa.

REGISTRY VERIFICATION INFORMATION - Must be completed

Name: _____

Have you already been on the ASAR Register? No Yes

If yes, what was your ASAR Registration Number _____

Are you re-applying following removal from the Register for fee payment or CPD default? No Yes

Field of sonography you are applying for: **State category (1A/1B/1C/3)**

General sonography *AMS (general)* _____

Cardiac sonography *AMS (cardiac)* _____

Vascular sonography *AMS (vascular)* _____

Obstetric sonography *AMS (obstetric)* _____

Breast sonography *ABS (breast)* _____

Cerebrovascular sonography *ACVS (cerebrovascular)* _____

GENERAL INFORMATION – All Questions Need to be Answered

Surname _____

Given Names _____

Title (Dr, Mr, Ms, Mrs) _____ Please tick Male Female

Date of birth _____

Address for correspondence _____

_____ State _____ Postcode _____

Phone (H) () _____ Mobile _____

Fax () _____ Email _____

Current Work/Practice Name _____

Current Work/Practice Address _____

_____ State _____ Postcode _____

Phone (W) () _____ Fax () _____

Are you an Australian or New Zealand citizen OR a Permanent Resident of Australia?

Yes No If no, please answer the following question:

Do you hold a valid visa to work in Australia? (please tick)

Yes If yes, please attach a copy of your work visa

No If no, please attach/provide details of your visa status

GENERAL INFORMATION – Continued

What is the nature of your present ultrasound practice? (please tick)

- | | | | |
|------------------------|--------------------------|--------------------------------|--------------------------|
| Public Practice | <input type="checkbox"/> | Private Practice | <input type="checkbox"/> |
| Research Institution | <input type="checkbox"/> | Tertiary Education Institution | <input type="checkbox"/> |
| Application Specialist | <input type="checkbox"/> | Self Employed | <input type="checkbox"/> |

Other (Please Specify) _____

What type of ultrasound studies do you perform? (please tick)

- | | | | |
|----------------------------|--------------------------|--------------------------------|--------------------------------------|
| General Abdomen | <input type="checkbox"/> | | |
| Obstetrics & Gynaecology | <input type="checkbox"/> | | |
| Fetal Medicine | <input type="checkbox"/> | | |
| Neonatal Studies | <input type="checkbox"/> | | |
| Superficial Parts | <input type="checkbox"/> | | |
| Paediatrics | <input type="checkbox"/> | | |
| Vascular Sonography | <input type="checkbox"/> | | |
| Musculo-skeletal Studies | <input type="checkbox"/> | | |
| Echocardiography | <input type="checkbox"/> | Adult <input type="checkbox"/> | Paediatrics <input type="checkbox"/> |
| Breast | <input type="checkbox"/> | | |
| Cerebrovascular Sonography | <input type="checkbox"/> | | |

Other (Please Specify) _____

If you are applying for Category 1A, Go to page 7

Category 1B, Go to page 9

Category 1C, Go to page 10

Category 3, Go to page 12

CATEGORY 1A – Accredited Qualification

This section should be completed by applicants who hold an ASAR accredited qualification. A current list of accredited qualifications is available from the ASAR website at <http://www.asar.com.au>.

When did you obtain your ASAR accredited qualification? _____ (date)

List your ASAR accredited qualification(s):

Qualification	Conferring Body	Date Conferred
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach a certified copy of your qualifications to your application

List your Clinical practice(s) during the course of your above study:

Applicants with/greater than 40% of their clinical experience offshore during the course of their study will be assessed on a case-by-case basis.

Employer	Supervisor-in-charge	Dates
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you obtained the ASAR accredited qualification more than 3 years ago, have been active for an equivalent of 1 year part-time/6 months full-time in clinical ultrasound practice in the last 3 years?

Yes

No

If yes, please list below your clinical practice in ultrasound for the last 3 years.

If No, you need to comply with ASAR's return to clinical practice policy. Please refer to our ASS Application form under Provisional Student Category or contact the ASAR secretariat for more information.

Clinical practice in ultrasound in the last 3 years:

Employer	Position held (specify full time/part time)	Dates
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You must provide evidence of this employment history for example a letter (or certified copy of a letter) from your current employer/previous employers. The suggested format for this documentation is shown on Page 12.

List any other tertiary qualifications:

Qualification	Conferring Body	Date Conferred
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CATEGORY 1B – AIR Certificate of Proficiency in Ultrasound

This section should be completed by applicants who wish to apply to the ASAR Register as they hold an AIR Certificate of Proficiency in Ultrasound

Note: Sonographers need to be an Australian/New Zealand Citizen OR a Permanent Resident of Australia or hold a valid visa to work in Australia. Sonographers who apply with a temporary visa need to provide ASAR with proof of valid visa to work in Australia each year when they renew their membership status.

When did you obtain your AIR Certificate of Proficiency in Ultrasound? _____
(date)

**Please attach a certified copy of your AIR Certificate and a copy of your residency/visa to your application.*

If you obtained the AIR Certificate of Proficiency in Ultrasound three or more years ago, have you had six months or more full time equivalent employment in clinical ultrasound practice during the last three years?

Yes

No

If yes, please list below your clinical practice in ultrasound for the last 3 years

If No, you need to comply with ASAR's return to clinical practice policy. Please refer to our ASS Application form under Provisional Student Category or contact the ASAR secretariat for more information.

List your clinical practice in ultrasound in the last 3 years:

Employer	Position held (specify full time/part time)	Dates
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You must provide evidence of this employment history for example a letter (or certified copy of a letter) from your current employer/previous employers within the last 3 years. The suggested format for this documentation is shown on Page 12.

List any other tertiary qualifications:

Qualification	Conferring Body	Date Conferred
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CATEGORY 1C – Trans-Tasman Agreement

A person registered in New Zealand as a sonographer who does not possess an ASAR accredited qualification may lodge a written application to ASAR seeking accreditation in Australia in accordance with the Trans-Tasman mutual recognition principle. Applicants must be an Australian or New Zealand Citizen OR a permanent resident of Australia OR hold a valid Australian work visa.

Do you wish to have your NZ registration as a sonographer recognised by ASAR under the Trans- Tasman mutual recognition principle?

Yes No

What is your MRTB Registration Number? _____

***Please attach a certified copy of your MRTB certificate to your application.**

Are you currently subject to disciplinary proceedings in New Zealand?

Yes No

Are you aware of any preliminary investigations with may lead to a disciplinary proceeding?

Yes No

Are you subject to any restrictions on your practice of sonography in New Zealand?

Yes No (If yes please provide details of this restriction)

When did you obtain your Certificate of registration for ultrasound imaging from the Medical Radiation Technologists Board, New Zealand? _____ (date)

If you obtained your certificate of registration three or more years ago, have you had six months or more full time equivalent employment in clinical ultrasound practice during the last three years?

Yes No

If yes, please list below your clinical practice in ultrasound for the last 3 years

If No, you need to comply with ASAR's return to clinical practice policy. Please refer to our ASS Application form under Provisional Student Category or contact the ASAR secretariat for more information.

Continued on the next page

Clinical practice in ultrasound in the last 3 years:

Employer *Position held (specify full time/part time)* *Dates*

You must provide evidence of this employment history for example a letter (or certified copy of a letter) from your current employer/previous employers within the last 3 years. The suggested format for this documentation is shown on Page 12.

List any other tertiary qualifications:

Qualification Conferring Body Date Conferred

Consent for ASAR to make inquiries

In making this application through this category for admission to the Register of Accredited Medical Sonographers, I give my consent for ASAR to make inquiries and exchange information with any relevant authorities regarding my activities as a sonographer, and any other activities that may be relevant to this application.

Signed _____ Date _____

CATEGORY 3 – Five Years or Greater Clinical Experience

This section should be completed by applicants who at 1st November, 2001 have 5 years or greater clinical experience in ultrasound within Australia/New Zealand and they can demonstrate this with suitable evidence (the clinical experience does not need to be continuous). Applicants also need to have been active for an equivalent of 1 year part-time/6 months full-time in clinical ultrasound practice within the last 3 years.

Applicants should ensure that this application form is accompanied by documents from their present/past employer(s) demonstrating all their experiences.

List your 5 years clinical practice in ultrasound in Australia/New Zealand prior to 1st November 2001:

<i>Employer</i>	<i>Position held (specify full time/part time)</i>	<i>Dates</i>
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You must provide evidence of this employment history for example a letter (or certified copy of a letter) from your current employer/previous employers. The suggested format for this documentation is shown on Page 12.

Have been active for an equivalent of 1 year part-time/6 months full-time in clinical ultrasound practice in the last 3 years?

Yes

No

If yes, please list below your clinical practice in ultrasound for the last 3 years

If No, you need to comply with ASAR's return to clinical practice policy. Please refer to our ASS Application form under Provisional Student Category or contact the ASAR secretariat for more information.

Clinical practice in ultrasound in the last 3 years:

<i>Employer</i>	<i>Position held (specify full time/part time)</i>	<i>Dates</i>
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You must provide evidence of this employment history for example a letter (or certified copy of a letter) from your current employer/previous employers. The suggested format for this documentation is shown on Page 12.

List other tertiary qualifications:

<i>Qualification</i>	<i>Conferring Body</i>	<i>Date Conferred</i>
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Suggested format for ultrasound clinical experience verification

To: ASAR

This is to verify that (Applicants Surname) _____

Given Names _____

Title (Dr, Mr, Ms, Mrs) _____ Gender (please tick) Male Female

Applicants Current Address _____

_____ State _____ Postcode _____

Experience gained in the following fields of ultrasound practice during their employment at this workplace.

<i>Ultrasound Fields</i>	<i>(Insert dates)</i>	<i>(hours per week)</i>
<i>General Sonography</i> _____	<i>to</i> _____	_____
<i>Vascular Sonography</i> _____	<i>to</i> _____	_____
<i>Cardiac Sonography</i> _____	<i>to</i> _____	_____
<i>Obstetric Sonography</i> _____	<i>to</i> _____	_____
<i>Breast Sonography</i> _____	<i>to</i> _____	_____
<i>Cerebrovascular Sonography</i> _____	<i>to</i> _____	_____

Yours sincerely

Signature _____ Date _____

Print Name _____ Title _____

Position _____

Business/Practice Name _____

Business/Practice Address _____

_____ State _____ Postcode _____

Phone (W) () _____ Fax () _____

The verification of employment and clinical experience should be completed by a medical person in authority where the ultrasound experience was obtained - preferably the specialist in charge.

This form can be photocopied if more than one is required

DECLARATION

All applicants must sign this declaration.

I declare that the information provided in this application is true and accurate.

Signature _____ Date _____

Print Name _____

The Accreditation Fee is AUD \$85.00 including GST. New Zealand residents should submit a bank draft for AUD \$85.00. The fee for return to the ASAR register following removal due to fee default is AUD \$200.00 (incl. GST) and removal due to CPD default is AUD \$150.00 (incl. GST).

Payment Options (Tick payment option)			
<input type="checkbox"/> Bankcard	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Cheque
Card Number	_____ / _____ / _____ / _____		
Expiry Date	____ / ____	Name on Card.....
Cardholder's Signature.....		

Return this form together with the fee and certified copies of documents to:

The Secretariat
Australasian Sonographer Accreditation Registry
PO Box 8323
Baulkham Hills BC, NSW 2153 Australia
Telephone: (02) 8850 1144
Email: registry@asar.com.au
Website: www.asar.com.au

Enquiries can be directed to the Secretariat on the above address, or via facsimile at: 02 8850 1177 for Australian applicants or + 61 2 8850 1177 for international applicants.

<p>Reminder: Have you included all the required items with your application?</p> <ul style="list-style-type: none">▪ Certified copies of your qualifications/letter from employer verifying your employment dates.▪ A certified copy of your marriage certificate – if you have changed your name since obtaining your qualification, or▪ A certified copy of the deed poll – if you have changed your name since obtaining your qualification.▪ A cheque or bank draft made out to ASAR in Australian dollars and drawn on an Australian bank or Credit Card details.▪ All documentation accompanying the application form must be certified as a 'true copy of the original' by a register medical practitioner, or registered nurse, Justice of the Peace, minister of religion, accountant, solicitor, bank manager or pharmacist.
