



# ASAR

Australian Sonographer  
Accreditation Registry

## Form 3-1

### Application for deactivation from the register of accredited sonographers and student sonographers





## DEACTIVATION FORM

ASAR Number

Title (Dr, Mr, Ms, Mrs)

Surname

Given Names

Address

State

Postcode

Phone

Mobile

When do you intend to reactivate your membership?  
(Estimate only or write N/A if retiring)

(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.

Name of the Applicant:

Signature of the Applicant:

NB. Submission of this form via email will count as a digital signature

Date:

(DD.MM.YY)

## How to submit this form

Please follow this simple guide to submit your form

1. Save form to your local drive
2. Fill out the form on screen or print the form and fill it out by hand
3. Choose your method of submission:

→ Email form as attachment by clicking here:

[Send to ASAR](#)

→ Manually attach form to an email and send to: [registry@asar.com.au](mailto:registry@asar.com.au)

→ Send by post to:

The Secretariat  
Australian Sonographer Accreditation Registry Limited  
PO Box 331  
Goodwood SA 5034, Australia