



# ASAR

Australian Sonographer  
Accreditation Registry

## Form 1-3

### Application for change of status from Student to Qualified Sonographer

Before submitting this application please check that you have:

- Provided an **original** or **certified copy\*** of your certificate, testamur or verification letter? **Enclose this as a separate document when submitting your completed application**
- Completed **ALL fields** on the form, including the clinical details
- Signed and dated** the application form

**\*See page 1 of this document for further details of requirements for certified copies**



**This form must be completed by student sonographers who have completed their course requirements and wish to seek accredited sonographer status with ASAR.**

## Frequently asked questions

### **When will the change of status take effect?**

The change of status will occur on the date that this form is received by the ASAR secretariat, assuming all required information is provided. Medicare Australia will be notified of your change of status. The ASAR secretariat will provide you with written confirmation of your change of status and your CPD obligations.

Change of status cannot be backdated, therefore please inform the Secretariat promptly.

### **Are there any fees involved?**

There is no fee charged to change from student status to accredited sonographer status. However, if there is a renewal fee payable when upgrading your status, an invoice will be emailed to you.

### **What documents do I need to submit to change my status?**

An original or certified copy of the certificate or a verification letter from the institution where you undertook the accredited program that states that you have successfully completed the program needs to be attached with this form. Please attach this document as a separate file with your completed application form.

### **What is a certified copy?**

A certified copy is a copy of a primary document that has on it an endorsement or certificate that it is a true copy of the primary document. It must be certified as **'This is a true copy of the original'**, signed and dated by a Barrister, Solicitor, Medical practitioner who has a general or specialist registration with the Medical Board of Australia (this doesn't include pharmacists), Judge, Justice of the Peace, Minister of religion (who has the authority to celebrate marriage), Police officer, Bank, building society or credit union officer with at least five years of service, Sheriff's officer or Commissioner of Declarations (only in Queensland).

### **What are my CPD obligations?**

To remain on the Register as an accredited sonographer, you must fulfil the Continuing Professional Development (CPD) requirements of the Registry. More information about the CPD requirements can be found on the ASAR website [here](#).

**If you are NOT A PERMANENT RESIDENT and have graduated with an ASAR accredited post graduated qualification in ultrasound, then you must follow the application process for overseas applicants (ASMIRT assessment) as outlined for temporary residents/overseas qualifications. If you do not provide ASMIRT certificate, your status cannot be changed.**



## STUDENT TO QUALIFIED UPGRADE FORM

ASAR Number

Title (Dr, Mr, Ms, Mrs)

Surname

Given Names

Address

State

Postcode

Phone (H)

Mobile

Email address

Name of program completed

Institution

Date completed

(DD.MM.YY)

List your clinical practice(s) during the course of your training:

**Name, address and telephone number of practice(s), clinical supervisor contact details and dates of training.**



## CPD Program Nomination

Please tick the program you would like to nominate as your CPD program for the current year. Regardless of the program you nominate, **you will still be subject to CPD audit by ASAR as per your ASAR triennium (which may differ to your nominated program's triennium)**. More information about [CPD requirements](#) and [CPD audit](#) can be found on ASAR's website.

I would like to nominate myASUM for the current year to satisfy my ASAR accreditation CPD requirements. I understand that to remain on the ASAR register, I need to comply with the myASUM rules and regulations. I agree to ASAR seeking information regarding my compliance with my nominated CPD program (myASUM) from the program provider (ASUM) at the end of my ASAR triennium. I also understand that changing to an alternative CPD program is only permitted at the time of renewing my ASAR membership and does not affect my ASAR triennium.

I would like to nominate ASMIRT CPD program for the current year to satisfy my ASAR accreditation CPD requirements. I understand that to remain on the ASAR register, I need to comply with the ASMIRT CPD program rules and regulations. I agree to ASAR seeking information regarding my compliance with my nominated CPD program from the program provider (ASMIRT) at the end of my ASAR triennium. I also understand that changing to an alternative CPD program is only permitted at the time of renewing my ASAR membership and does not affect my ASAR triennium.

I would like to nominate ASA-MY CPD program for the current year to satisfy my ASAR accreditation CPD requirements. I understand that to remain on the ASAR register, I need to comply with the PD- asa rules and regulations. I agree to ASAR seeking information regarding my compliance with my nominated CPD program (ASA-MY CPD) from the program provider (ASA) at the end of my ASAR triennium. I also understand that changing to an alternative CPD program is only permitted at the time of renewing my ASAR membership and does not affect my ASAR triennium.

I would like to nominate ASAR CPD program for the current year to satisfy my ASAR accreditation CPD requirements and agree to abide by its rules and regulations. I also understand that changing to an alternative CPD program is only permitted at the time of renewing my ASAR membership and does not affect my ASAR triennium.



## Membership of Professional Organisations

**Please tick all organisations that you are a current financial member of:**

- Australian Society for Ultrasound in Medicine (ASUM)
- Australian Society of Medical Imaging and Radiation Therapy (ASMIRT)
- Australasian Sonographers Association (ASA)
- Cardiac Society of Australian and New Zealand (CSANZ)
- NONE OF THE ABOVE

**Please note:** this information is required for the purposes of determining the membership of the ASAR and voting rights for ASAR members.



## Becoming a member of ASAR (the Company)

In addition to being on the register, all Accredited Medical Sonographers are encouraged to become members of ASAR.

### Membership Nomination

Becoming a member of ASAR (the Company) is:

- voluntary
- in addition to being on the ASAR register as an Accredited Medical Sonographer
- membership is **free!**

Once admitted as a member of ASAR (the company) Accredited Medical Sonographers have the right to:

- attend and speak at general meetings
- nominate and be nominated to be appointed as a director
- vote at general meetings and on resolutions put to the membership

#### Please indicate if you wish to become a member of ASAR

- YES** – I wish to become a member of ASAR in accordance with rule 10.b)2) of the ASAR Constitution
- NO** - I do not wish become a member of ASAR in accordance with rule 10.b)2) of the ASAR Constitution

NB: You may change your selection at anytime in the future by contacting [registry@asar.com.au](mailto:registry@asar.com.au)

### ASAR facilitated research projects

One of the functions of ASAR is to support professional activities that advance the profession of sonography. ASAR may, after considering the merits of a research project, send information to members to facilitate that research. At no time will any personal details be released by ASAR to any 3rd party. Members are under no obligation to participate. For more information regarding ASAR's privacy policy please visit the ASAR website.

Please tick the below box only if you **DO NOT** wish to participate in such research.

- I wish to opt out of receiving such information / research materials



**Please sign and date your application prior to forwarding to ASAR**

**Signature**

**Date**

## How to submit this form

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

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

**Or send by post to:**

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