

Form 3-1

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 is payable when reactivating your membership in addition to the ASAR yearly membership fee, please consult the website (www.asar.com.au) for details.

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.



ASAR Number		
Fitle (Dr, Mr, Ms, Mrs)		
Gurname		
Given Names		
Address		
State	Postcode	
Phone	Mobile	
When do you intend to re	activate your membership? (estimate only)	
(Please note that if you leave Policy within the specified tin reactivating your membershi	clinical practice for 3 years or more, you will be required to comply with the serification document confirming your last date of employ	th ASAR's Return to Clinical Pract ment will be required when



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:	
Date:	NB. Submission of this form via email will count as a digital signature (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:
- → Manually attach form to an email and send to: registry@asar.com.au
- → Send by post to: The Secretariat

Australian Sonographer Accreditation Registry Limited

GPO Box 7109

Sydney, NSW 2001, Australia