



ASAR

Australian Sonographer
Accreditation Registry

Form 6-1

AOB Registrant information collected on behalf of the Australian Sonographer Accreditation Registry Ltd





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Australian Sonographer Accreditation Registry Limited

The ASAR recognises registration with the Australian Orthoptic Board as appropriate accreditation for Orthoptists to undertake sonography in relation to ocular structures. Orthoptists wishing to be included on the ASAR Register to perform B scan ultrasonography should complete and return this request for information.

AOB Registration Number

Title (Dr, Mr, Ms, Mrs)

Surname

Given Names

Date of birth

(DD.MM.YY)

Sex:

Male

Female

Address

State

Postcode

Phone

Email

Clinic Name

Clinic Address

Residency Status

Orthoptic Qualification/s

Other tertiary Qualifications

OFFICE USE ONLY

Received

AOB Reg No

Chq/money order \$10 pa

Confirmed



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Please return this form with a fee of \$10 per annum (\$20 per AOB Biennium).

Payment options

MasterCard

Visa

Cheque

Name on Card

Card Number

Expiry date

 /

Cardholder's Signature

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

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 via fax to: 02 9299 0493

→ Send by post to:
The Secretariat
Australian Sonographer Accreditation Registry Limited
GPO Box 7109
Sydney, NSW 2001, Australia