

Medical Radiation Science Professionals Registration Board Tasmania

Please address all correspondence to:
Registrar
Medical Radiation Science Professionals Registration Board
PO Box 298
Newstead, TAS 7250
Email: michellejmccarron@gmail.com

REGISTRATION

All persons intending to work in Tasmania as a Diagnostic Radiographer, Radiation Therapist or Nuclear Medicine Technologist must be registered under the Medical Radiation Science Professionals Registration Act 2000.

To achieve registration, the following is required

1. A completed *Application for Registration* form (Form 1 enclosed).
2. A completed *Application for Annual Registration* form (Form 2 enclosed).
3. A completed *Additional Information* form (Form 3 enclosed).
4. A **CERTIFIED COPY** of your qualification degree certificate or equivalent and up to date AIR Certificate of Accreditation (or ANZSNM equivalent).
5. A **CERTIFIED COPY** of your Marriage Certificate, or other 'change of name' documents
6. Prescribed fee of fifty dollars (\$50.00) for Application to Register.
7. Prescribed fee of one hundred and twenty dollars (\$120.00) for Annual Registration.
8. Any other information relevant to the granting of registration.

Documentation should be forwarded to the Registrar for presentation to the next Board meeting.

Payment

Payment can be made by cheque, Money Order, or by Direct Deposit.

Direct Deposit details are:

Bank: Commonwealth, Murray Street, Hobart

BSB: 067 002

Account No: 00901699

Reference No: Use your surname to identify the payment (**NB: this is important**)

Interim Registration

Interim Registration may be granted by the Registrar, prior to the application being considered by the Board, on receipt of the above items.

If you are granted Interim Registration, you may begin practising in Tasmania immediately. However, Interim Registration is granted only until the following meeting of the Medical Radiation Science Professionals Registration Board at which time your application will be fully considered.

If you have any questions or problems with the above, please contact me by email – michellejmccarron@gmail.com.

Yours sincerely,

Michelle McCarron
REGISTRAR

Medical Radiation Science Professionals Registration Board

PO Box 298 Newstead, Tasmania 7250

APPLICATION FOR REGISTRATION

MEDICAL RADIATION SCIENCE PROFESSIONALS REGISTRATION ACT (2000) S. 20 (1) (a)

Application to Register Fee: \$50.00

PERSONAL DETAILS

Title (Mr, Mrs, Ms): _____

Surname: _____ Maiden Name (if applicable): _____

First Names: _____ Date of Birth: _____

Residential Address: _____

_____ Postcode: _____

Postal Address (if different): _____

_____ Postcode: _____

Email: _____

Phone (Home): _____ Phone (Work): _____ Mobile: _____

REGISTRATION QUALIFICATIONS

NAME OF QUALIFICATION

WHERE OBTAINED

WHEN OBTAINED

DECLARATION

1. Have you ever been refused registration, or had your registration cancelled or suspended at any place or time?

YES/NO

If yes, provide details _____

2. I hereby apply for registration as a (tick one)

- Diagnostic Radiographer
 Mammography only
 Nuclear Medicine Technologist
 Radiation Therapist

3. The prescribed fee of \$50.00 (tick one)

- Is enclosed as a money order or cheque
 Has been paid by direct bank deposit

4. I hereby declare the above information to be true and correct in every particular.

Signature _____ Date _____

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APPLICATION FOR ANNUAL REGISTRATION

MEDICAL RADIATION SCIENCE PROFESSIONALS REGISTRATION ACT (2000) S.20 (1) (c)

PERSONAL DETAILS

Surname recorded on register: _____

First names: _____

Title (Mr, Mrs, Ms): _____

Residential Address: _____

_____ Postcode: _____

Postal Address (if different): _____

_____ Postcode: _____

Email: _____

Phone (Home): _____ Phone (Work): _____ Mobile: _____

PRACTISING DETAILS

Date of previous practising certificate _____

Are you practising as a: (tick one)

- Diagnostic Radiographer
- Mammography only
- Nuclear Medicine Technologist
- Radiation Therapist

Employers name: _____

Address: _____

DECLARATION

1. I hereby apply for an Annual Practising Certificate for the year ending 30th March _____
2. The prescribed fee of \$120.00 (tick one)
 - Is enclosed as a money order or cheque
 - Has been paid by direct bank deposit
3. I hereby declare the above information to be true and correct in ever particular.

Signature _____ Date _____

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ADDITIONAL INFORMATION FORM

Complete this section if you are currently working as a Medical Radiation Science Professional

Current employer: _____

Name of Tasmanian Employer: _____

Address of Tasmanian Employer: _____

What are the average clinical hours you have worked in the immediate past 12 months?

_____ Hrs/week _____ hrs/fortnight _____ hrs/month

Complete this section if you are returning to work as a Medical Radiation Science Professional

Date last employed: _____ Previous Employer: _____

Name of Tasmanian Employer: _____

Address of Tasmanian Employer: _____

What are the average clinical hours you have worked in the immediate past 12 months?

_____ Hrs/week _____ hrs/fortnight _____ hrs/month

Professional Indemnification

Employer provided: **YES/NO** – if NO please provide details below:

Professional indemnification provider: _____

Type of Policy: _____ Expiry Date: _____

Continuing Professional Development in the last 12 months

Employer provided program: **YES/NO**

Program Title: _____

Professional organisation provided program: **YES/NO**

Organisation name and Program title: _____

Details of other CPD activities (eg conferences, education meetings, workshops)

Are you a member of the AIR? **YES**, Expiry date of Accreditation Certificate: _____

NO

Date of ANZSNM certificate (Nuclear Medicine Technologists only): _____

Filename: Registration Application (2).doc
Directory: C:\Documents and Settings\All Users\Local Settings\Temporary
Internet Files\OLKE9
Template: C:\Program Files\Microsoft Office\OFFICE11\Normal.dot
Title: Registrar
Subject:
Author: Leo Foley
Keywords:
Comments:
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