

Certificate in Clinician Performed Ultrasound Enrolment Application Form

Membership year: 1 July 2017 – 30 June 2018

1. This form is to be submitted simultaneously with a completed [ASUM Membership Application Form](#) (if not already a member).
2. Applicants applying for Advanced Standing / Recognition of Prior Learning (RPL) need to complete the [CCPU Application Form for Advanced Standing/Recognition of Prior Learning \(RPL\)](#) and submit it simultaneously with this form for consideration.

If this form is submitted along with a new Membership Application form you need only supply your name and date of birth here.

Your Details										
Title	<input type="checkbox"/> Prof.	<input type="checkbox"/> A/Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Other <small>(please specify)</small>		
Name	First Name:				Preferred Name:					
	Surname:				Middle Name:					
	Have you ever been a member of ASUM?			<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female							
Date of Birth	DOB: dd/mm/yyyy									
Phone No. (incl. area code)	Home:				Mobile:					
	Email address									
Residential Address	Unit No.:	Street No.:		Street Name:						
	Town/Suburb:			State:	Postcode:	Country:				
If you are employed, please complete the employer details	Employer Name:									
	Employer Address:									
	Postal delivery box:									
	Unit No.:	Street No.:		Street Name:						
	Town/Suburb:			State:	Postcode:	Country:				
Employer contact details	Phone no. (including area code)				Fax no. (including area code)					
	Qualifications									
Primary Qualifications (Acronym format):										
Please tick all specialist qualifications you have:										
<input type="checkbox"/> FACEM			<input type="checkbox"/> FCICM			<input type="checkbox"/> DMU				
<input type="checkbox"/> FRANZCOG			<input type="checkbox"/> FACRRM			<input type="checkbox"/> AMS				
<input type="checkbox"/> FRANZCR			<input type="checkbox"/> FANZCA			<input type="checkbox"/> RDMS				
<input type="checkbox"/> FRACS (Vasc)			<input type="checkbox"/> FRACP							
<input type="checkbox"/> FRACS (specialty)			<input type="checkbox"/> COGU							
<input type="checkbox"/> FRACGP			<input type="checkbox"/> DDU							
Eligibility	Candidacy for the CCPU is open to medical practitioners who are practising and registered with their national medical registration authority.									
	AHPRA number: _____									
<i>Please attach evidence of your registration with the Australian Health Practitioner Regulation Agency (AHPRA) or New Zealand Medical Council.</i>										
CCPU Units to be enrolled in	<input type="checkbox"/> Abdominal Aortic Aneurysm (AAA)				<input type="checkbox"/> Extended Focused Abdominal Scan for Trauma E-FAST (Trauma)					
	<input type="checkbox"/> Acute Scrotum				<input type="checkbox"/> Hepatic Procedural					
	<input type="checkbox"/> Advanced Early Pregnancy				<input type="checkbox"/> Lung					
	<input type="checkbox"/> Basic Early Pregnancy				<input type="checkbox"/> Physics					
	<input type="checkbox"/> Basic Echocardiography in Life Support (BELS)				<input type="checkbox"/> Pleural Effusion					

<input type="checkbox"/> Basic Gynaecology	<input type="checkbox"/> Proximal Deep Vein Thrombosis (DVT)
<input type="checkbox"/> Basic Monitoring the Fetus (2nd & 3rd Trimester)	<input type="checkbox"/> Rapid Cardiac Echocardiography
<input type="checkbox"/> Basic Soft Tissue	<input type="checkbox"/> Renal Hydronephrosis & Calculi
<input type="checkbox"/> Biliary	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Breast	<input type="checkbox"/> Vascular Access
<input type="checkbox"/> Endocrine	
<input type="checkbox"/> Introduction to Clinician Performed Neonatal Ultrasound	<input type="checkbox"/> Advanced Clinician Performed Neonatal Ultrasound

Enrolment fee inclusions:

The enrolment fee covers 3 years enrolment and entitles you to:

- ✓ Access and complete ASUM's On-line Physics, Image Acquisition and Optimisation Tutorial
- ✓ CCPU programme materials (on myASUM) including syllabi and logbook templates
- ✓ Access to accredited units that may lead to ASUM accreditation for that unit/s
- ✓ Assessment of logbook scans which demonstrate competence in scanning
- ✓ Assessment of Advanced Standing/Recognition of Prior Learning (RPL) where applicable
- ✓ Complete as many units in the CCPU as desired
- ✓ The CCPU Certification Board may award recognition for participation in non-accredited training course(s), workplace training and other credentials that substantially meet the requirements of a specific CCPU unit(s).

Enrolment Fee due:

Enrolment Fee	<input type="checkbox"/> CCPU unit registration	Australia <input type="checkbox"/> \$621	<input type="checkbox"/> \$564 ex GST* <i>*GST only applies to candidates in Australia</i>
Undertaking	<input type="checkbox"/> I have read and understand the information provided to me in the CCPU Regulations. I hereby undertake to comply with all the conditions set out in the CCPU Regulations.		
Signature	_____		

For credit card payments – please refer to page 3 of this document

Full name: (please print)																		
Payment via Credit Card / Cheque	<input type="checkbox"/> I wish to pay via credit card / cheque																	
	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Cheque in \$AU, drawn on an Australian Bank																	
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	Card verification value (3 digit CVV number on the back of the card):																	
	Cardholder's Name:																	
Cardholder's Signature:																		

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Please mail the enrolment application and supporting documentation to:

The CCPU/CAHPU Coordinator
 Australasian Society for Ultrasound in Medicine
 Suite 501, 11 Help St
 Chatswood, NSW, 2067
 AUSTRALIA

*Payment must accompany this form.
 Please allow up to 4 weeks for processing.
 Incomplete applications will be returned.*