

25 King Street Melbourne Vic 3000

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

PO Box 16234, Collins Street West, VIC 8007 Australia

Supervisor Declaration Form for CT INTERMEDIATE LEVEL CERTIFICATION EXAMINATION

Exam Date: Saturday 17th August 2013

This Declaration must be received by the AIR, along with the Candidate's CT Intermediate Level Application Form, prior to the closing date of Friday 5th July 2013.

This form is to be completed by those persons who wish to supervise a CT Intermediate Level Certification Examination for applicants living in rural areas and who are unable to sit an exam in the nominated city.

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SURNAME								
FIRST & MIDDLE NAMES								
MR/MRS/MS/MISS/OTHER								
TITLE/ POSITION								
RELATIONSHIP TO PARTICIPANT								
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