

DINEM HOUSE 88 AMY ST., TOORAK BOX 2223, GOVT. BUILDING SUVA, FIJI PHONE: (679) 330 6177 FAX: (679) 330 6163 http://www.health.gov.fj

FIJI RADIATION HEALTH BOARD

Application for Registration as a Medical Imaging Technologist, under the Radiation Health Decree No. 41 of 2009.

Attach coloured ID photograph here

Given Names:	Surnan	ne:	Date of Birth:		
Country of Citicanahina	Decement No.	County of Bigth.	M/F		
Country of Citizenship: Passport No:		Country of Birth:	Date of Change: (if relevant)		
Present Residential Addr	ress:	Preferre	d Contact Address	s Postal	
Home/Work		PHONE			
Name & Title of Spouse:.					
		Email :	Email:		
EDP No (Civil Servants)		Telephone:	Home /Work		
TIN No:					
Date of entry	Registering	Name of	Valid until	General /Specialist	
-		Nation/State			

Category(s) of Registration Sought:							
Application for Registration \$20.00							
(1) Full Registration \$ 150.00							
(2) Temporary Registration \$100.00							
(3) Provisional Registration \$50.00							
Reason for seeking registration (give name of prospective employer/sponsoring agency/place of practice/details of project)							
Clinical instruction was	(name ar at	nd Location of confe	erring University	 v/College)			
Postgraduate Qualification & Training							
Date (Year/Month	Degree/	/Diploma/Masters	Full Name and Location of Conferrin authority		CPD Yes/No		
Other qualifications (in any field)							
Disciplinary charges and actions (past & Pending)							
Date	Country		Details &		& Outcome		

Current location and sphere of imaging practice, including hospital/academic appointments :

Fiji......

Give full name and address of employing authority; or, if relevant name partners in private practice, or state"Solo Practice."

Documents Required:

Please submit copies of the following documents with this application:

Application for Registration \$ 20.00

Full registration \$150.00

Temporary \$100.00

Provisional \$50.00

- 1. Basic qualification
- 2. Police Clearance
- 3. Birth Certificate
- 4. Marriage Certificate
- 5. Three (3) copies of passport sized on the back; attach one to this form.

Address in

Place of workEDP Number(Civil Servants)						
Date	Process Initiated/action Taken Eg application received ,with fee(Give RR number);Submitted to RHB	Outcome of Process Eg registration granted until(date);or denied;or decision deferred;+ reason				