



**MINISTRY OF HEALTH
& MEDICAL SERVICES**

**DINEM HOUSE
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SUVA, FIJI**

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<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:	Surname:	Date of Birth:
		M/F
Country of Citizenship:	Passport No :	Country of Birth:
		Date of Change: (if relevant)

Present Residential Address:	Preferred Contact Address Postal
.....
..... Home/Work	PHONE
Name & Title of Spouse:	Email :
EDP No (Civil Servants)	Telephone: Home /Work
TIN No:	

Date of entry	Registering Authority	Name of Nation/State	Valid until	General /Specialist

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)

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1. Qualification

The Certificate/Diploma/Degree ofwas conferred on me on
...../...../.....

By.....

(name and Location of conferring University/College)

Clinical instruction was at

Postgraduate Qualification & Training

Date (Year/Month	Degree/Diploma/Masters	Full Name and Location of Conferring authority	CPD Yes/No

Other qualifications (in any field)

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Disciplinary charges and actions (past & Pending)

Date	Country	Details & Outcome

