

DINEM HOUSE  
 88 AMY ST., TOORAK  
 BOX 2223, GOVT. BUILDING  
 SUVA, FIJI

**MINISTRY**  
*Of* **Health**  
 Shaping Fiji's Health

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

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

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

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 of .....was 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)**

.....  
.....  
.....

**Disciplinary charges and actions (past & Pending)**

Date	Country	Details & Outcome

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

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:

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.

Application for Registration \$ 20.00
Full registration \$150.00
Temporary \$100.00
Provisional \$50.00

**Office Use Only :( RHB)**

Address in  
Fiji.....

Place of work.....EDP 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