



## Australian and New Zealand Society of Nuclear Medicine

### ANZSNM MENTOR APPLICATION FORM

NAME: \_\_\_\_\_

YEARS OF EXPERIENCE IN NUCLEAR MEDICINE: \_\_\_\_\_

ACCREDITED:            YES    NO    (CIRCLE)

ACCREDITATION CERTIFICATE NUMBER: \_\_\_\_\_

WORKPLACE: \_\_\_\_\_

WORKPLACE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

WORK PHONE:        (\_\_\_\_) \_\_\_\_\_

FAX:                    (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

NUMBER OF GRADUATES / PDY'S YOU ARE PREPARED TO MENTOR: \_\_\_\_\_ (MAX 3)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return completed form to:

ANZSNM Secretariat  
PO Box 202, Parkville, Vic 3052 Australia  
Tel: +61 1300 330 402  
Fax: +61 (0) 3 9387 9627  
Email: [secretariat@anzsnm.org.au](mailto:secretariat@anzsnm.org.au)