

# Certificate in Clinician Performed Ultrasound Return to Practice Form

Version 01 July 2025



## 1 ASUM Membership

MyASUM ID

Are you an active member of ASUM? ☐ Yes ☐ No

Please submit this return to practice form via email to [education@asum.com.au](mailto:education@asum.com.au)

## 2 Personal Details

Title: ☐ Dr ☐ Prof ☐ A/Prof ☐ Other:

Family Name (Surname):

Given Names:

Work Phone:

Mobile:

Email Address:

## 3 Residential Address

Building/property

Unit No:  Street No:

Street Name:

Suburb:  State:

Postcode:

## 4 Postal Address

☐ My postal address is the same as my residential

Building/property name:

Unit No:  Street No:

Street Name:

Suburb:  State:  Postcode:

## 5 Employment Details

Employer Name:

Supervisor Name:

Unit No:  Street No:

Street Name:

Suburb:  State:  Postcode:

PO Box:

## 6 AHPRA or MCNZ Registration

AHPRA/MCNZ No:

Candidacy for the CCPU is open only to medical practitioners who are practicing and registered with their national medical registration authority.

## 7 CCPU Units

I have completed the following CCPU Units (you may select more than one):

- |  |   |
|--|---|
| <input type="checkbox"/> Abdominal Aortic Aneurysm (AAA)                     | <input type="checkbox"/> Rapid Cardiac Echocardiography (RCE)                         |
| <input type="checkbox"/> Acute Scrotum                                       | <input type="checkbox"/> Rheumatology   |
| <input type="checkbox"/> Advanced Early Pregnancy                            | <input type="checkbox"/> Vascular Access  |
| <input type="checkbox"/> Basic Early Pregnancy                               | <input type="checkbox"/> Distal Brachial Plexus Block: Infraclavicular/Axillary       |
| <input type="checkbox"/> Basic Gynaecology                                   | <input type="checkbox"/> Proximal Brachial Plexus Block: Supraclavicular Interscalene |
| <input type="checkbox"/> Basic Monitoring the Fetus (2nd & 3rd Trimester)    | <input type="checkbox"/> Upper Limb Peripheral Nerve Block                            |
| <input type="checkbox"/> Basic Soft Tissue                                   | <input type="checkbox"/> Paravertebral Block  |
| <input type="checkbox"/> Biliary   | <input type="checkbox"/> Fascial Iliaca and Femoral Nerve Block                       |
| <input type="checkbox"/> Breast  | <input type="checkbox"/> Erector Spinae Plane Block                                   |
| <input type="checkbox"/> Extended Focused Abdominal Scan for Trauma (E-FAST) | <input type="checkbox"/> Paediatric Hip Effusion                                      |
| <input type="checkbox"/> Focused Echocardiography in Life Support (FELS)     | <input type="checkbox"/> Serratus Anterior Plane Block                                |
| <input type="checkbox"/> Interventional Endocrine                            | <input type="checkbox"/> Neonatal Cardiac Ultrasound                                  |
| <input type="checkbox"/> Non-Interventional Endocrine                        | <input type="checkbox"/> Neonatal Cranial Ultrasound                                  |
| <input type="checkbox"/> Lower Extremity Venous Ultrasound (LEVU)            | <input type="checkbox"/> Neonatal Lung Ultrasound                                     |
| <input type="checkbox"/> Lung  |   |
| <input type="checkbox"/> Proximal Deep Vein Thrombosis (DVT)                 |   |
| <input type="checkbox"/> Pleural Effusion                                    |   |
| <input type="checkbox"/> Renal Hydronephrosis & Calculi                      |   |

## 8 Recertification Requirements Checklist

Please refer to the [CCPU Regulations](#).

- ☐ I have continued to fulfill the conditions for Eligibility and Admission to the CCPU.
- ☐ I have completed the logbook recertification requirements as per Clause 13 and Appendix 2 of the [CCPU Regulations](#). All scans must be clinically indicated.
- ☐ I have a record of at least five (5) points of relevant CPD per year for each specialist unit. The maximum number of CPD points required per year for each candidate is a total of fifteen (15) points.

## 9 Documentation (Attach all to your application)

- ☐ Proof of Identity (certified copy)  
e.g. Passport, Drivers License, Photo ID
- ☐ Proof of Registration in Australia or New Zealand (certified copy)  
AHPRA Certificate of Registration or MCNZ Practising Certificate
- ☐ CCPU Recertification Logbook
- ☐ Evidence of CPD activities

### How to submit your application

Please send this application form and all required documentation by email to:  
[education@asum.com.au](mailto:education@asum.com.au)

### Application Processing Time

Application takes 4-6 weeks to process. Incomplete applications will not be processed. Please refrain from contacting ASUM office for status updates. All applicants will be contacted in due course.

## Privacy Statement & Student Declaration

The information you provide to the Australasian Society for Ultrasound in Medicine (ASUM) will remain private and confidential under the requirements of the Privacy Act 1988. Your personal details will be used for the purpose of processing your Certificate in Clinical Performed Ultrasound (CCPU) return to practice application. Your personal information will not be released unless required by law or approval is provided by you. Your information will never be sold to a third party. Your information may be provided to a third party who has entered into a legally binding agreement with ASUM to provide services to you who agrees to keep your personal information confidential except as required by law.

### Privacy Notice

The information requested in this form is being collected by the Australasian Society for Ultrasound in Medicine (ASUM) to process your CCPU return to practice application. This information will be supplied to the relevant administrative areas. If your CCPU return to practice application is approved, this information, together with any statistical or other data collected for admission and application, will be retained for administrative and academic purposes. This supply of your information is voluntary. However, if you do not supply all the requested information we may not be able to process your application. You have the right to access and/or correct any personal information concerning you held by ASUM, subject to the reasonable convenience of ASUM.

Your personal information (including the personal information contained on this return to practice form and your training activity data) may be used or disclosed by ASUM for statistical, regulatory and research purposes. ASUM may disclose your personal information for these purposes to third parties, including:

- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- Organisations conducting student surveys; and
- Researchers.

### Student Declaration and Consent

- I understand that ASUM may need to verify the accuracy of information supplied and it may exchange data with other institutions for this purpose. Approved outside agencies may be granted access to relevant information as part of their work in providing services to you.
- I agree that all materials provided by me for the purposes of assessment (including but not restricted to case studies) become the property of ASUM and may be used for the purpose of training CCPU Examiners. These materials will not be used for any other purpose except with the express permission of the candidate.
- I understand that ASUM will communicate with me electronically and that it is my responsibility to regularly check my email.
- I have read and I understand the information provided to me in the [CCPU Regulations](#) and I hereby undertake to comply with all the conditions set out in them.

Your Signature:

Date: