

Certificate in Allied Health Performed Ultrasound

Recertification Declaration Form

Version April 2025



1 Personal Details

ASUM Candidate ID:

Family Name:

Given Names:

Please refer to the [CAHPU Regulations](#) & [CAHPU Recertification Handbook](#)

How to submit: Please send this declaration form and all required recertification documentation by email to:

education@asum.com.au

2 Application Components

I have provided:

- ☐ A recertification logbook
- ☐ Record of CPD and corresponding points
- ☐ Evidence of CPD (according to the CCPU Recertification Handbook)

Is the record of CPD in myASUM?

(note: using the myASUM CPD Registry is not a requirement, however the Education Team can access this

Yes ☐ No ☐

3 Recertification

	CAHPU Unit Recertifying:	Recertification Period: (for example, 2016-2021)
1		
2		
3		
4		
5		
6		

4 Declaration

I declare that the information provided in my recertification logbook and CPD record is true, and that I have maintained competency in the units I am recertifying.

Your Full Name:

Your Signature: Date