



# Register for Professional Development Program

Australian College of Rural and Remote Medicine

## Membership details

Name:

Mobile phone:

Member number (if known):

Email address:

## Medicare reporting requirements

Reporting to Medicare required?  Yes → To maintain (please tick one only):  Vocational Registration  
 rural OMP registration  
 after-hours OMP registration  
 No

## Other reporting requirements

General Practice Mental Health Standards Collaboration  
 MH CPD (previously Level 1)  
 FPS CPD (previously Level 2)  
 JCC Anaesthetics  
 Conjoint Committee for Diploma of O&G (CCDOG) [previously the JCCO]  
 JCC Medical Acupuncture  
 Radiology Remote Area Exemption

## Procedural Grants eligibility

I hold unsupervised clinical privileges in, and I would like to register to claim procedural grants for:

- Anaesthetics  
 Surgery  
 Emergency  
 Obstetrics and Gynaecology

I practice in RRMA \_\_\_\_\_ (From 1 July 2010, RRMA categories will be replaced by ASGC - Remoteness Areas)

**TO REGISTER FOR PROCEDURAL GRANTS:** Complete the application form in the Medicare Guidelines on the ACRRM website ([www.acrrm.org.au](http://www.acrrm.org.au)) under **Programs >> Professional Development Program >> Procedural Medical Grants.**

## Participating and networking

The College encourages you to participate in activities that advance the quality and recognition of rural and remote medicine, and support practitioners, trainees, and students. Please tick to indicate your interest:

- Please list me on 'Find a Fellow' (the database on the ACRRM website where Fellows can search for peers by name, state or postcode).  
 Mentor a medical student through the John Flynn Placement Program (managed nationally by ACRRM).

Represent the College on a reference group and/or an external committee. Please tick the areas of interest to you:

- Aboriginal and Torres Strait Islander Health  
 Anaesthetics  
 Acupuncture (Medical)  
 Emergency Medicine  
 IT/Management  
 Mental Health  
 Obstetrics  
 Paediatrics  
 Palliative Care  
 Women's Health  
 External Committees  
 State-based Member Groups  
 Other areas of interest \_\_\_\_\_

## Privacy and consent

- I understand some information will be released to third parties I have indicated above for reporting purposes. My personal information will not be released to external entities or individuals unless I authorise it or the College receives a valid legal request for the information.

Signed: \_\_\_\_\_ Date: / /

To lodge this form ...  Fax to: 07-3105 8299

 Post to:

Australian College of Rural and Remote Medicine  
GPO Box 2507, Brisbane Qld 4001