



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

Emergency

Surgery

Obstetrics and Gynaecology

I practice in ASGC Remoteness Area (RA) _____

TO REGISTER FOR PROCEDURAL GRANTS: Complete the application form in the Medicare Guidelines on the ACRRM website (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

Mental Health

External Committees

Anaesthetics

Obstetrics

State-based Member Groups

Acupuncture (Medical)

Paediatrics

Other areas of interest

Emergency Medicine

Palliative Care

IT/Management

Women's Health

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