



Register for Professional Development Program

Australian College of Rural and Remote Medicine

Notes on joining the program:

- ▶ ACRRM Professional Development Program (PDP) is a no-cost service available to **all** members of ACRRM.
- ▶ PDP registration and compliance is mandatory for all Fellows of ACRRM, who are automatically registered in the program for this purpose.
- ▶ VR maintenance reporting and MOPS formal reporting are options available to all Members and Fellows of ACRRM. To have ACRRM report either or both please complete this form.

Membership details

Name:

Mobile phone:

Member number (if known):

Email address:

Provider Number:

Please register me in the ACRRM Professional Development Program

Reporting requirements

Please register me for VR reporting to **Medicare** (now Department of Human Services)

I hold vocational recognition via: (*please choose one*)

FACRRM

rural OMP registration

FRACGP

after-hours OMP registration

Grandfathering

MOPS reporting requirements

I am registered with, and request that ACRRM report my relevant activities to: (*please tick*)

Conjoint Committee for Diploma of O&G (CCDOG)
[previously the JCCO]

JCC Anaesthetics

JCC Medical Acupuncture

General Practice Mental Health Standards Collaboration:

Radiology (Remote Area Exemption)

FPS CPD (previously Level 2)

MH CPD (previously Level 1)

Other reporting (for clinical privileging, etc)

Please note on my PDP statement activities in the following disciplines:

Anaesthetics

Emergency Medicine

Surgery

Obstetrics and Gynaecology

I practice in ASGC Remoteness Area (RA 1, 2, 3, 4 or 5?) _____

Procedural grants eligibility

I hold unsupervised clinical privileges in the following disciplines and wish to register to claim procedural grants through ACRRM:

Anaesthetics

Emergency Medicine

Surgery

Obstetrics

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: / /

For networking and participating opportunities, please see over



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:

- | | |
|---|---|
| <input type="checkbox"/> Please list me on 'Find a Fellow' (the database on the ACRRM website where Fellows can search for peers by name, state or postcode). | <input type="checkbox"/> 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:

- | | | |
|---|--|--|
| <input type="checkbox"/> Aboriginal and Torres Strait Islander Health | <input type="checkbox"/> Mental Health | <input type="checkbox"/> External Committees |
| <input type="checkbox"/> Anaesthetics | <input type="checkbox"/> Obstetrics | <input type="checkbox"/> State-based Member Groups |
| <input type="checkbox"/> Acupuncture (Medical) | <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Other areas of interest |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Palliative Care | |
| <input type="checkbox"/> IT/Management | <input type="checkbox"/> Women's Health | _____ |

To lodge this form ...



Fax to: 07-3105 8299



Post to:

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