

Enrol in Remote Area Exemption (RAE) for radiology

The ACRRM Remote Area Radiology Program is only available to ACRRM members or to non-members providing short term locum services at the private practice of a current ACRRM member.

- ACRRM Member – Please fill in Section 1
- Non ACRRM Member – Please fill in both Section 1 and 2 (see page 2)

Important Notice – Please provide details of short term locums to ACRRM 5 days prior to date of commencement to allow Medicare rebates to begin on date of commencement.

SECTION 1:

ACRRM Member Details:

Member Name:		ACRRM Number:	
Email:	Contact Number:	DOB:	

Medical Practice Details:

Medical Practice Name:

Street or Postal Address:

Town:

State:

Telephone:

Facsimile:

Email:

Provider Number:

Member's Declaration:

I, _____ wish to enrol in the ACRRM Remote Area Radiology Program and agree to comply with all requirements of the program (refer to the ACRRM website) for the current triennium.

Signature:	Date:
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SECTION 2:

Non ACRRM Member Details – providing short term locum services only (if applicable)

Name:		Provider Number:	
Email:	Contact Number:	DOB:	
Commencement Date:	Signature:		