



Healthcare Identifiers Service

Application to add, replace or remove a Contracted Service Provider officer

Important Information

Complete this form to add, replace or remove a Contracted Service Provider (CSP) officer to or from a Contracted Service Provider organisation record.

PART A must be completed by the Applicant for the Healthcare Identifiers (HI) service.

PART B must be completed by the Acceptable Referee.

Role of a Contracted Service Provider officer

A CSP organisation must have one and up to a maximum of three CSP officers linked. A separate form is required to be completed for each additional CSP officer to be linked.

A CSP officer:

- is responsible for the creation of a CSP organisation
- may retire the CSP if the organisation is no longer operating in that capacity
- may request to reinstate a CSP organisation record that has been retired in error
- may update their own demographic details
- may update the details of the CSP organisation they represent.

If an individual is registered as either a Responsible Officer (RO) or an Organisation Maintenance Officer (OMO) with another organisation in the HI Service, and that individual is becoming a CSP officer, existing details may be linked to a CSP organisation using this form.

Creating a link

Establishing a link between a CSP organisation and a healthcare organisation must be performed by a valid and active RO who is permitted to represent the healthcare organisation that the CSP is operating on behalf of. The CSP officer can not establish the link.

Documents a Contracted Service Provider officer must provide

To support this application a CSP officer must supply all of the following:

- certified copies of Evidence of Identity (EOI) for themselves (refer to list of documents in the following section), unless the CSP officer is a 'known customer' (see 'Known customer' section of this form)
- a certified copy of documentary evidence of their authority to act on behalf of the CSP organisation.

Note: A known customer does not need to provide EOI again. A known customer can be identified by supplying an existing Responsible Officer identifier, CSP Officer registration number, a Medicare provider number, or a PKI registration authority number (RA number).

Evidence of Identity

If you are not a known customer (see 'Known customer' section), you must provide **ONE** document from the Primary group and a combination of enough to make up the remaining points from the Secondary group. The total number of points must be at least 100. Please include a deed poll or marriage certificate if there is a difference in name in these documents.

Copies of original documents must be sent with this form. The copies provided must be certified by an acceptable referee. The last page of this form contains details to be completed by an acceptable referee. An acceptable referee must certify the CSP organisation and the CSP officer (see Part B of this form).

Primary group	Points
(only ONE must be used):	
• birth certificate	70
• citizenship certificate	70
• current passport	70
• expired passport (not cancelled and not expired for longer than two years from date of application)	70
• other documentation of identity having the same characteristics as a passport.	70
Secondary group	
(Combination required to make up the remaining 30 points must be provided):	
• current Australian drivers licence	40
• identification card issued to a commonwealth or state/territory government employee, contractor or other personnel	40
• document provided by a current employer on employer letterhead and dated within the last three months prior to the application for the Site Keys and Certificates	35
• if self-employed, relevant documentation from his/her registered tax agent/accountant	35
• Lands Titles Office records	35
• a rating authority (lands rates document)	35
• reference to the latest telephone directory published by Telstra, and the telephone contact with the signatory of the person named on this number	25
• a credit card invoice (two or more credit card tax invoices from the same financial institution will only be counted as one)	25
• council rates notice	25
• record of a public utility (e.g. utilities accounts, telephone, gas, electricity, ISP provider)	25
• record held under law (other than a law referring to land titles.	25

Documents required for the Contracted Service Provider officer relationship with the Contracted Service Provider organisation

A CSP officer must provide documentary evidence that they are authorised to act on behalf of the CSP organisation by supplying one of the following documents:

- an Australian Securities and Investments Commission (ASIC) company search displaying the CSP officer as a Director or Company Secretary of the organisation
- an affidavit or statutory declaration sworn by a member of the board or executive of the organisation
- a deed of appointment
- any other documentation which displays that the CSP officer holds a position of authority and trust within the CSP organisation.

Known customer

Individuals who are registering as a CSP officer with the HI Service and have already provided Medicare Australia with 100 points of EOI, are not required to do so with this form.

A known customer can be identified by supplying an existing Responsible Officer identifier, CSP Officer registration number, a Medicare provider number, or a PKI registration authority number (RA number).

100 points of EOI is required only where the individual has not provided EOI to Medicare Australia previously.

If an individual is a current OMO and has never provided EOI to Medicare Australia and now wishes to become a CSP officer, that individual must comply with the 100 point EOI requirements.

Whether or not a known customer, a letter authorising the CSP officer to act on behalf of the CSP organisation is required with this form.

Assistance

For more information about the HI Service go to www.medicareaustralia.gov.au. If you need assistance completing this form email healthcareidentifiers@humanservices.gov.au or call **1300 361 457** (call charges will apply).

Lodgement

Send the completed form and certified copies of the relevant documentation to:

HI Service
GPO Box 2987
MELBOURNE VIC 3001

or fax: **03 9605 7987**

Print in **BLOCK LETTERS**

Tick where applicable

PART A – Healthcare Identifiers Service

Applicant's details

As the person completing this form you must be an existing CSP officer and wish to add or remove another CSP officer to a CSP organisation you are linked to.

1 CSP officer registration number (if known)

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

3 Date of birth

4 Sex

Male

Female

5 Business address

 Postcode

Postal address (if different from above)

 Postcode

Registering or replacing a CSP officer

6 I would like to (tick one only):

Create a new CSP officer and link to the CSP organisation I am linked to **Go to 7**

Add an additional CSP officer to the CSP organisation I am linked to **Go to 13**

Remove a CSP officer from a CSP organisation **Go to 13**

If you are removing the only remaining CSP officer from a CSP organisation a new CSP officer must be linked first.

New CSP officer details

Evidence of identity is required for each new CSP officer to be registered unless the CSP officer is a known customer, see 'Known Customer' section to see if EOI must be provided with this form.

If the new CSP officer has an existing Public Key Infrastructure (PKI) certificate issued by Medicare Australia, or has an existing Medicare Provider Number, EOI is not required with this application. Please provide the existing Medicare Identifier number in Question.

7 Medicare known customer identifier (number)

Note: a known customer identifier could be an existing responsible officer identifier, CSP officer registration number, a Medicare provider number, or a PKI registration authority number (RA number).

Type of Medicare known customer identifier Tick type of identifier

Existing PKI registration number (RA number)

Existing Medicare Provider number

Existing RO identifier

Existing CSP officer number

8 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

9 Date of birth

10 Sex

Male

Female

11 Business address

Tick your preferred address

 State Postcode

 Country

Postal address (if different to above)

 State Postcode

 Country

12 Daytime phone number

Tick **one** preferred method of communication

Mobile phone number

Fax number

Pager number

Email

CSP officer details to be added or removed

13 Medicare known customer registration (number)

Note: a known customer identifier could be an existing responsible officer identifier, CSP officer registration number, a Medicare provider number, or a PKI registration authority number (RA number).

Type of Medicare known customer identifier Tick type of identifier

Existing PKI registration number (RA number)

Existing Medicare Provider number

Existing RO identifier

Existing CSP officer identifier

14 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

15 Date of birth

16 Sex

Male

Female

17 Business address

Postcode

Postal address (if different from above)

Postcode

CSP organisation the CSP officer is being added to or removed from

18 CSP organisation registration number (if known)

19 Organisation name

20 Trading name (if different to above)

Business address

Postcode

Postal address (if different from above)

Postcode

Declaration

21 I declare that:

- I will only access and use Healthcare Identifiers for the purposes defined in the *Healthcare Identifiers Act 2010*, and acknowledge penalties for unauthorised access and misuse apply under the *Healthcare Identifiers Act 2010*
- the information on this form is correct.

Signature

Date

Privacy note

The information on this form will be used to register, replace or remove a CSP officer with the HI Service. The collection of this information is authorised by the *Healthcare Identifiers Act 2010*. This information may be disclosed as authorised or required by law.

Office use only

CSP officer EOI documents sighted

CSP officer/CSP authority documents sighted

Known customer confirmed

PART B—Acceptable referee identification

To be completed for EOI for the HI Service.

If EOI is not required with this form, Part B is not required to be completed.

The information you provide below will be used to verify identity.

Acceptable referee categories:

- 1 a member of the Institute of Chartered Accountants in Australia, Australian Society of Certified Practising Accountants or the National Institute of Accountants
- 2 a member of a municipal, city, town, district or shire council of a state or territory
- 3 a legal practitioner of a federal, state or territory court
- 4 a registrar, clerk, sheriff or bailiff of a federal, state or territory court
- 5 an individual registered or licensed as a dentist medical practitioner, pharmacist or veterinary surgeon under a law of the state or territory providing for that registration or licensing
- 6 an individual who holds the position of nursing sister and is registered as a nurse under a state or territory law providing for that registration
- 7 a judge or master of a federal, state or territory court
- 8 a stipendiary magistrate of the commonwealth or of a state or territory
- 9 a Justice of the Peace of a state or territory
- 10 a member of parliament or a state parliament
- 11 a member of the Legislative Assembly of the Australian Capital Territory, the Northern Territory or Norfolk Island
- 12 a member of the Australian Federal Police, or of the police force of a state or territory, who, in the normal course of their duties, is in charge of a police station
- 13 a manager of a Post Office
- 14 an individual employed as an officer or employee by one or more of the following:
 - the Commonwealth, a state or territory
 - an authority of the commonwealth, a state or territory or
 - a local government body of a state or territorywho has been so employed continuously for a period of at least five years, whether or not the individual was employed for part of that period as an officer and for part as an employee
- 15 An individual employed as a full-time teacher or as a principal at an educational institution and has been so employed continuously for a period of at least five years
- 16 An individual who, in relation to an Aboriginal community is recognised by the members of the community to be a community elder or if there is an elected Aboriginal council that represents the community, is an elected member of the council
- 17 a Commissioner of Oaths of a state or territory.

Details of organisation being verified

1 Organisation name

2 Australian Business Number

OR

3 Australian Company Number

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Details of individual being verified

4 Dr Mr Mrs Miss Ms Other

Family name

First given name(s)

5 Business address

State	Postcode
Country	

Referee details

Referees are responsible for ensuring originals of all documents presented to them by the applicant are:

- copies of originals and
- certified by signing each of the documents with the statement **'This is a true copy of the original as supplied to me.'**

6 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

7 Business address

State	Postcode
Country	

8 Daytime phone number

9 Occupation

10 Category number (see Acceptable referee categories)

11 Signature

Date