



Application for recognition as a General Practitioner Fellows of the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM Fellows wishing to gain access to the Group A1 'General Practitioner' items in the Medicare Benefits Schedule (MBS) must apply to Medicare Australia for recognition using this form. **The completed form should be sent to ACRRM to confirm your fellowship and eligibility to go on Medicare Australia's list of ACRRM Fellows.** Medicare Australia will notify you of the date that you can start using these items.

1 Personal details

Dr Mr Mrs Ms Other

Family name

First given name

Second given names

Date of birth / / Your sex Male Female

Provider number

2 Personal contact details

For this application only For general mailout purposes

Phone number (during business hours)

Mobile phone number

Fax number

Pager number

Your postal address

 Postcode

Email
 @

3 Declaration

I understand that my continued access to the Group A1 'General Practitioner' items in the MBS depends on meeting the ACRRM's requirements for participation in its Professional Development Program.

Signature of applicant Date / /

4 Lodgement details

When completed, applicants should post this form to:
Australian College of Rural and Remote Medicine
GPO Box 2507
Brisbane QLD 4001

Please note:

Your application should be submitted to ACRRM as soon as possible before you wish to access the Group A1 'General Practitioner' items in the MBS.

Obligation to meet ongoing requirements for ACRRM's Professional Development Program.

Recognised ACRRM Fellows must meet the ACRRM's requirements for participation in its Professional Development Program. The ACRRM will confirm these requirements as part of the recognition process. Any enquiries about participation in the Professional Development Program should be directed to the ACRRM.

Enquiries: Phone 1800 223 226** or email acrrm@acrrm.org.au

** Charges apply from pay phones and mobiles only

For ACRRM use only

This section is to be completed by the Chief Executive Officer or authorised representative of the ACRRM responsible for certification of eligibility for applicants to be included on Medicare Australia's Fellows list of General Practitioners.

I, (full name details of approved signatory)

certify that

- Dr has attained Fellowship of ACRRM;
- is eligible to be included on Medicare Australia's Fellows list of General Practitioners pursuant to s6DB of the Health Insurance Regulations 1975;
- has enrolled to participate on an ACRRM's approved professional development program.

Signature of applicant Date / /

ACRRM will forward the approved form to Medicare Australia.