



For office use only
Application Registration No:

After Hours Other Medical Practitioners (OMPs) Program Application Form

Please complete this Application Form in consultation with the Program Guidelines.
Please refer to Section 6 – Application Process.

PART 1 – ELIGIBILITY FOR PROGRAM

To be eligible for this Program a medical practitioner must:

- * be a non-vocationally recognised medical practitioner registered with a State or Territory Medical Registration Board;
- * have current access to Medicare benefits;
- * be providing after hours services through an accredited Medical Deputising Service (MDS) or an accredited general practice location;
- * agree to satisfy ongoing continuing professional development requirements;
- * agree to enrol for RACGP assessment leading to FRACGP within 4 years of registration on the Program;

Please tick

Yes No

Yes No

Yes No

Yes No

Yes No

If you have answered yes to all of the above requirements, you are eligible to apply for the After Hours OMPs Program

PART 2 – PERSONAL INFORMATION

Title	Surname	Given Names
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Residential Address

Street Name:		
Suburb	State	Postcode

Postal Address

PO Box:		
Suburb	State	Postcode

Daytime Phone Number	Fax Number
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Mobile Phone Number	Email Address
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PART 3 - CURRENT MEDICARE ACCESS

Date Australian Medical Registration obtained

Do you have current Medicare access? Yes No

If Yes, please indicate how.

3GA program 19AB exemption AMDS program
(Rural Locum Relief Program)

non vocationally recognised other medical practitioner

Other – please specify

PART 4 - MEDICARE PROVIDER NUMBER

Do you have a current Medicare Provider Number? Yes No

Medicare Provider Number

PART 5 - PRACTICE LOCATIONS

Please refer to Section 2 of the Program Guidelines for further information.

Please list the Practice location(s) you wish to register for this Program.

Practices must be accredited in order to be eligible for the Program.

MDS/Practice Address

Street Name		
Suburb	State	Postcode

MDS/Practice Address

Street Name		
Suburb	State	Postcode

MDS/Practice Address

Street Name		
Suburb	State	Postcode

Attached is proof that practice location/s are accredited MDSs or accredited general practice locations (Refer Section 6 of the Program Guidelines)

Yes No

PART 6 - CONTINUING PROFESSIONAL DEVELOPMENT REQUIREMENTS

Please refer to Section 5 of the Program Guidelines for full details on Continuing Professional Development.

To maintain eligibility for the After Hours OMPs Program, and therefore access to the higher A1 Medicare rebate, medical practitioners will be required to undertake continuing professional development activities through either the Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM).

Please tick I am aware that I am required to register and then undertake continuing professional development activities through either the RACGP or ACRRM within 3 months of receiving approval for this Program. Failure to do so will result in my removal from this Program.

Contact details for the RACGP and ACRRM are as follows:

RACGP

College House
1 Palmerston Crescent
SOUTH MELBOURNE VIC 3205

Ph: (03) 8699 0414

Fax: (03) 8699 0400

Web address: www.racgp.org.au

ACRRM

GPO Box 2507
BRISBANE QLD 4001

Ph: (07) 3105 8200

Fax: (07) 3105 8299

Web address: www.acrrm.org.au

PART 7 - DECLARATION AND CONSENT

Privacy Note

The information provided by you on this form will be used to assess your eligibility to participate in the After Hours Other Medical Practitioners (OMPs) Program. Where appropriate information may be exchanged between the Department of Health and Ageing, Medicare Australia and the Royal Australian College of General Practitioners for the purposes of administering, monitoring, reviewing and evaluating the Program. Please note that any information you have supplied to Medicare Australia and/or the Department of Health and Ageing in connection with your application for the Program will be dealt with in accordance with the Privacy Act 1988, and in particular, the Information Privacy Principles set out in section 14 of that Act.

Declaration and Consent:

I declare that:

- 1) The information that I have supplied in this Application Form is true and correct in every particular. I understand that providing false and misleading information is a serious offence.
- 2) I agree to the release and exchange of such information between Medicare Australia, the Department of Health and Ageing and the Royal Australian College of General Practitioners for the purposes of administering, monitoring, reviewing and evaluating the Program.
- 3) The services I provide under this Program will be in accordance with the Program guidelines.

Applicant Signature	Date
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PART 8 - LODGEMENT OF APPLICATION

Please send or fax your completed application to:

After Hours OMPs Program Provider Registration Medicare Australia GPO Box 9822 Adelaide SA 5001 Fax Nbr: (08) 8274 9307
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PART 9 - ASSESSMENT AND VERIFICATION OF APPLICATION

Please refer to Section 7 of the Program Guidelines for further information.

Once an application has been approved in writing, Program participants will have access to the higher Medicare rebate and will be able to claim the appropriate higher item numbers listed in the *Medicare Benefits Schedule*.

It is the responsibility of individual practitioners to ensure they are registered on the After Hours OMPs Program before billing at the higher rate. Medicare Australia will send a letter to all applicants informing them of the outcome of their application.

FURTHER QUESTIONS?

If you have questions regarding the After Hours OMPs Program or are experiencing difficulty with the application process, please contact Medicare Australia on: **132 150**

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Assessment and Verification of Application

Applicant Provider No:

Application Approved Yes No

Date approved

Verification of accreditation attached Yes No

Access end dated Yes No

Date access ends

Application Not Approved

If application not approved provide reason below:

Notice sent to practitioner Yes No

Date sent

Processed by:

Name	Position
Signature	