Application/re-credentialing/change of scope of practice form – general practitioner and specialist

Senior medical staff with independent responsibility for patient care.

This form sets a minimum information standard. Information may be added, but not deleted.

Name of medical practitioner

Employee Name		Employee Number	
Department		Cost Centre	
Email		Extension	

This is a:

❑ New application ❑ Renewal/re-credentialing ❑ Application for change of scope of practice

1. Application for scope of clinical practice

I wish to apply to undertake a scope of practice for

_____

_____

(for example, general practitioner, general surgeon, thoracic surgeon)

The health service must verify medical registration, which can be accessed on the Medical Board of Australia website at <www.medicalboard.gov.au>

Please attach the following to this form:

All applications/re-credentialing

- A copy of your current medical indemnity insurance certificate (if applicable); initial applications need to supply a certified copy
- Copies of relevant visa documents (if applicable)

New appointments only

- Current curriculum vitae
- Certified copies of all specialist or other qualifications, other than a primary medical degree, if these are not listed on the Medical Board of Australia website at <www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>
- Proof of identification – 100 point check
- Working with children check (if applicable)