

# Application for recognition as a General Practitioner

## Fellows of the Royal Australian College of General Practitioners

### Purpose of this form

Complete this form if you are a Fellow of the Royal Australian College of General Practitioners and want to be recognised as a General Practitioner for Medicare purposes. This will give you access to the General Practitioner items in the Medicare Benefits Schedule (MBS).

The application and confirmation from the Royal Australian College of General Practitioners (RACGP) that you have obtained Fellowship should be submitted to the Australian Government Department of Human Services before your proposed start date. The Department of Human Services will notify you of the date you can start using the General Practitioner items.

### For more information

For more information go to our website

**[humanservices.gov.au/healthprofessionals](http://humanservices.gov.au/healthprofessionals)** or call **132 150**

Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

**Note:** Call charges apply - calls from mobile phones may be charged at a higher rate.

For more information about participating in quality assurance and continuing professional development contact the RACGP QA & CPD co-ordinator in your state or territory.

### Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this  with a ✓ or ✗

### Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form to:

**Department of Human Services**

**Provider Liaison Section**

**GPO Box 9822**

in your capital city

or

Fax:

NSW **02 9895 3439** NT **08 8922 6322**

ACT **02 9895 3439** SA **08 8274 9307**

VIC **03 9605 7984** WA **08 9214 8201**

QLD **07 3004 5634** TAS **03 6215 5700**

Where documents are submitted to the Department of Human Services by fax, please ensure you retain the original document.

### Provider's contact details

1 Provider number

2 RACGP number

3 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

4 Your sex

Male

Female

5 Date of birth

6 Postal address

  

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Postcode

7 Daytime phone number

Mobile phone number

Fax number

Email

  

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@

8 These details can be recorded as my preferred contact details?

No

Yes

## Privacy notice

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- 9** Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](https://humanservices.gov.au/privacy) or by requesting a copy from the department.

## Declaration

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**10 I declare that:**

- the information I have provided in this form is complete and correct.

**I understand that:**

- my continued access to the general practitioner items in the Medicare Benefits Schedule depends on meeting the RACGP's minimum requirements for participation in quality assurance and continuing professional development.
- giving false or misleading information is a serious offence.

Provider's signature

Date