

# Surgical Skin Audit

Please complete all sections below. Please note: Supplying your RACGP QI&CPD/ACRRM Number and email address is vital for us to accurately allocate your education points.

## DOCTOR INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

TML Dr. Code (if known): \_\_\_\_\_ RACGP QI & CPD/ACRRM No.: \_\_\_\_\_

**Important**

## CONTACT DETAILS

Practice Address (Primary Location): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mandatory**

Provider No.: \_\_\_\_\_

Other Practice Location to be included: \_\_\_\_\_

Provider No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Please submit completed registration forms via email to [education@tmlpath.com.au](mailto:education@tmlpath.com.au). Registration forms are also available online at [tmlpath.com.au](http://tmlpath.com.au). Doctors will be provided green Surgical Skin Audit Request Forms. Both sides of these forms must be filled in when submitting specimens. Doctors will receive monthly reports only on the months when specimens have been received.

## PRACTITIONER TYPE

- General Practitioner  
 Skin Cancer Practitioner  
 Specialist Dermatologist  
 Plastic Surgeon

## DOCTOR'S SIGNATURE

\_\_\_\_\_ 

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## EDUCATION POINTS

This activity will be applied for with the RACGP for 40 Cat 1 points QI approved and is subject to review and approval for the 2017-2019 triennium. An application has also been submitted to ACRRM for 30 PRPD points and is subject to review and approval for the 2017-2019 triennium.

## PRIVACY

All information supplied will be treated in accordance with the Privacy Amendment (Private Sector) Act 2000 and the National Privacy Principles. Only de-identified information will be supplied. No identifying demographic details of either the patient or the referring doctor will be released.