

SURGICAL SKIN CANCER AUDIT REGISTRATION FORM

Activity Number: 265795

Please return via courier or fax 07 5520 2502

PRACTITIONER'S DETAILS

Last Name: _____ First Name: _____ Middle Name: _____

RACGP No / ACRRM: _____ Graduation Year: _____

Medical Registration No.: _____ Registration State: _____

PRACTICE DETAILS

Practice Name: _____

Practice Address: _____

Phone No.: _____ Fax No.: _____ Mobile No.: _____

Email Address: _____

Other Practice Locations: _____

PRACTITIONER TYPE

- General Practitioner
- General Practitioner with skin cancer work
- Skin Cancer Practitioner
- Dermatologist
- Surgeon

USE OF DERMOSCOPY

- High (always)
- Medium
- Low
- None

USE OF SEQUENTIAL IMAGING

- Yes
- No

REPORT PREFERENCE

- Individual doctor report
(separate report for each
location nominated)
- Combined Doctor report
(combined report including all
participating practitioner's
pooled data)

AUTHORISATION

- I wish to participate in the audit
- Permission to release de-identified data
(required to provide combined report)
- I am a registered medical practitioner
registered by an appropriate authority

Signature: _____

Date: _____

*This activity has
been approved by the
RACGP CPD Program.
As an CPD Accredited
Activity - 40 points
2020 - 2022 Triennium*