

SURGICAL SKIN CANCER AUDIT REGISTRATION FORM

Activity Number: 404738

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

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 is approval by the
RACGP CPD Program.
As an CPD Approved Activity
2023 – 2025 Triennium*

*Reviewing Performance – 10.0 Hours
Measuring Outcomes – 15.0 Hours
Total: 25.0 Hours
2023 - 2025 Triennium*