



Accredited Medical Practitioner Application Form

This form is to be used by medical practitioners when applying for accreditation as an Accredited Medical Practitioner under the Motor Accident Injury Assessment Scheme, established pursuant to section 76 of the *Civil Liability Act 1936*.

Compulsory pre-requisite for applicants

Accreditation as a Permanent Impairment Assessor with Return To Work SA **is a compulsory pre-requisite** for accreditation as a Medical Practitioner in the Motor Accident Injury Assessment Scheme.

- 1. Are you currently accredited as a Permanent Impairment Assessor with Return To Work SA? Yes No
- 2. Have you recently submitted your application for accreditation as a Permanent Impairment Assessor with Return To Work SA, and waiting for accreditation training and/or notification of accreditation? Yes No

If you have answered no to both of these questions, your application for accreditation in the Motor Accident Injury Assessment Scheme will not be processed further.

For further information on how to be accredited as a Permanent Impairment Assessor with Return To Work SA contact pia@workcover.com or call (08) 8238 5727.

Applicant details

Title: _____ First name: _____ Last name: _____

Address: _____

Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Medical registration

- Are you currently registered with the Medical Board of Australia? Yes No
 - Are there any restrictions placed on your registration with the Medical Board of Australia? Yes No
- If yes, please describe (attach a separate page to this application if required)*
- _____
- _____

What is your practicing specialty? _____

**Please attach a copy of your current certificate of registration from the Medical Board of Australia.*

1. Primary medical qualification

Please write the name of your degree in full:



2. Postgraduate qualifications

Including diplomas, certificates, degrees, memberships, fellowships.

Qualification (in full)	Awarding university / college / institution	Country	Year
.....
.....
.....

**Please attach a separate sheet if required.*

3. Insurance

Are you covered by medical indemnity insurance? Yes No

Are you covered by public liability insurance?

Yes No

**Please attach copies of your current certificates of currency.*

4. Continuing professional education

Do you have up-to-date certification of continuing professional development or maintenance of professional standards relevant to your speciality?

**If yes, please attach a copy.*

Yes No

5. Current practice

Are you currently practicing at least eight hours per week (on average) in clinical practice? Yes No

Are you currently practicing at least eight hours per week (on average) in medico-legal, compensation or independent assessment practice?

Yes No

If retired from practice, as defined above, how many years since retirement

If a General Practitioner:

Number of years of postgraduate experience

Number of years with injury management experience

**Please attach two medical references supporting the injury management experience.*

6. Body systems

Please tick the body systems you are applying to be accredited in (*tick one or more*).

- | | | |
|--|--|---|
| <input type="checkbox"/> cardiovascular (heart and aorta) | <input type="checkbox"/> cardiovascular (systemic and pulmonary) | <input type="checkbox"/> respiratory |
| <input type="checkbox"/> digestive | <input type="checkbox"/> urinary and reproductive endocrine | <input type="checkbox"/> skin |
| <input type="checkbox"/> hematopoietic | <input type="checkbox"/> endocrine | <input type="checkbox"/> ear, nose and throat (ex. NIHL) |
| <input type="checkbox"/> visual | <input type="checkbox"/> central and peripheral nervous | <input type="checkbox"/> ear, nose and throat (inc. NIHL) |
| <input type="checkbox"/> upper extremities | <input type="checkbox"/> lower extremities | <input type="checkbox"/> spine |
| <input type="checkbox"/> psychiatric and psychological disorders | | |



7. Checklist

- All questions have been completed;
- Copy of current registration certificate from the Medical Board of Australia is attached;
- Copies of insurance certificate/s of currency are attached;
- Copy of continuing professional development or maintenance of professional standards certificate is attached;
- If a General Practitioner, two medical references supporting injury management experience are attached;
- Chosen body systems are indicated; and
- The declaration by applicants is completed and signed.

8. Declaration by applicant

I (*name*)

of (*address*)

declare that I am the person named in this application and that, to the best of my knowledge and belief, the statements contained are true and correct. I understand that any incorrect statement in my application including (but not restricted to) my qualifications, experience, ability, physical or mental health or personal integrity may result in refusal of my application or suspension of my accreditation. I authorise the Accreditation Panel, Motor Accident Injury Assessment Scheme to seek information relating to my qualifications, professional standing and past experience as relevant to my application.

Name

Signature

Date

/

/

Please provide your application to:

Secretary, Accreditation Panel
C/O GPO Box 2668
Adelaide SA 5001

Email: jayne.gowland@sa.gov.au

Phone: 08 8423 4579