

## 2020 CPD Non-fellow application form

This form is for registered medical practitioners who wish to participate in the ANZCA and FPM Continuing Professional Development (CPD) Program as Non-fellows. Complete this application form and send with documents listed under qualifications to the CPD team at <a href="mailto:cpd@anzca.edu.au">cpd@anzca.edu.au</a>.

Personal details			
First name			
Middle name			
Surname			
Date of birth			
Gender			
Address			
Suburb/State/Postcode _			
•			
Mobile			
Email			
Qualifying medical d	learee		
Please attached copies of	_	ualifications, including sp	ecialist qualifications.
Title of qualification	University/College	Graduation year	Area of study
Medical registration			
Please provide a copy of y	our medical registration in	n Australia and/or New Ze	ealand.
Registration number			
Country			



## Type of practice

•		•	gram handbook for further clarification.
Clinical	☐ Non clin	ical $\square$	Non interventional
Declaration			
I am willing to prov	ide evidence of con		er with my national medical board/council. nuing Professional Development if aesthetists.
Signature			Date
Payment detai	Is		
Please tick to indic	ate which fee(s) you	u intend to pay:	
Australia (GS New Zealand Overseas (G	d (GST incl.)	\$ A 1,485.00 \$ NZ 1,675.00 \$ A 1,350.00	00
Credit card type:	☐ Visa	☐ Mastercard	
Credit card numbe	r		Expiry date
Name on card			
Signature			
An annual fee will An electronic invoi for all unpaid invoid	be confirmed on an ce will be sent to all ces by January 30 a	CPD participants follo	program the November ANZCA Council meeting. wing this meeting. A reminder will be sent voice by June 30 may result in the
Please send your of cpd@anzca.edu.ad  CPD Team  ANZCA House 630 St Kilda Road  Melbourne VIC 300  Australia	u or mail them to:	accompanying docum	nents to the CPD Team at