



COASTAL PATHOLOGY

CLINICAL AUDIT/S REGISTRATION FORM

First Name: _____

Last Name: _____

RACGP QI&CPD ACRRM No.: _____

Primary Practice Address: _____

Provider No.: _____

Email: _____

Doctor's
Signature: _____

Practitioner Type:

General Practitioner

Nurse Practitioner

Women's Health Specialist

Obstetrician & Gynaecologist

Please indicate which Clinical Audit/s
you wish to register for (either/both)

Pap Smear Audit

Skin Pathology Audit

Eligible General Practitioners may attain Education Points with Coastal Pathology's Clinical Audits (Pap Smear Audit and Skin Pathology Audit). Details are below:

Education Points	Organisation	Requirement
40 Category 1	RACGP QI&CDP	Minimum 80 Excisions
40 Category 1	RACGP QI&CDP	Minimum 40 Smears
5 PR & CRM	RANZCOG	Minimum 40 Smears
30 PRPD	ACRRM	Minimum 80 Excisions and/or 40 Smears

Specific request forms will be issued to participants of the Coastal Pathology Pap Smear and/or Skin Pathology Audit upon receipt of the completed Clinical Audit/s Registration Form. Both audits are for this triennium (2014-2016) and have minimum number requirements. Specimens can only be included in the Clinical Audit Data if the specific request form is completed correctly.

Please Note: Education Points will be allocated upon completion of the Clinical Audit requirements.

Please complete this form and return to **Alissa Cox** via Fax (54564835), Coastal Pathology Courier or Email

alissa@coastalpathology.com.au

Alternatively complete online www.coastalpathology.com.au

