



APPLICATION FOR CREDENTIALING AT ABANY COMMUNITY HOSPICE

1. PERSONAL DETAILS

Family Name								
Given Names					Preferred Name			
Professional Address								
Postal Address <i>(if different from above)</i>								
PHONE	Work			Mobile			Home	
Email								
Residency Status					Visa Type			

(Australian Citizen / Permanent Resident / Temporary Resident)

If Applicable

2. QUALIFICATIONS

Major Qualification	University / Organisation	Year / Country
Other Qualifications	University / Organisation	Year / Country

3. REFEREES

Please provide details of a referee that Hospice may contact for a referee report.

REFEREE 1				
Name			Position currently held	
Professional Address				
Telephone			Email	

4. SCOPE OF PRACTICE

I seek Credentialing and Scope of Practice as follows:

Specialist - General Practitioner

Vocational Doctor in Training **Supervisor:** _____

Specialist – Other **Speciality:** _____

5. APPLICANT ENDORSEMENT

I fully understand that any untrue statements in, or omissions from, this application constitute cause for denial of privileges or cause for termination of my contract. I agree to abide by the policies and guidelines applicable to Albany Community Hospice, to which I am applying for Scope of Practice.

DECLARATION	
I declare that all the information provided is true and correct, and I agree to comply with the conditions attached to this application for Credentialing and Scope of Practice.	
I consent to Albany Community Hospice, obtaining relevant information on past performance or any conditions placed on my practice, including the nature of any unresolved complaints.	
Name: _____	
Signature: _____	Date: _____

6. REQUIRED DOCUMENTS CHECKLIST

Please ensure you have completed and attached the following documents to your application:

Forms to be completed
<input type="checkbox"/> Credentialing Application Form (<i>this form</i>)
<input type="checkbox"/> <u>Expression Of Interest to Provide Medical Services at Albany Community Hospice</u>
<input type="checkbox"/> Application for an Albany Community Hospice Medicare provider number
Supporting Documentation Checklist
<input type="checkbox"/> Current Indemnity Insurance Certificate
<input type="checkbox"/> Evidence of Continuing Medical Education OR
<input type="checkbox"/> Evidence of enrolment in relevant training program if you are a vocational (Registrar) doctor in training
<input type="checkbox"/> Police Clearance (no more than 3 years old)
<input type="checkbox"/> Hand Hygiene Online Learning Certificate https://www.hha.org.au/online-learning/complete-a-module
<input type="checkbox"/> Open Disclosure Online Learning Certificate
<input type="checkbox"/> Pre-Employment Immunisation screening tool completed, and relevant evidence attached

Please return this form to admin@albanyhospice.org.au with the relevant forms. Thank you