



COLIN STREET DAY SURGERY

51 Colin Street
WEST PERTH WA 6005
ABN: 94 078 443 455

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www.clds.com.au

APPLICATION FOR ACCREDITATION RE-APPOINTMENT

I wish to apply for reappointment of my accreditation privileges at Colin Street Day Surgery. I hereby state that there are no changes to the information supplied to CSDS since I last applied. I have received a copy of the Colin Street Day Surgery ByLaws and agree to abide by them.

I have provided Colin Street Day Surgery with essential documentation as required by the National Credentialing Standard and according to my nominated scope of clinical practice.

I agree to abide by CSDS's Risk Management Programme, Code of Conduct, Policies and Procedures and The Australian National Standards in Quality, Health and Safety (NSQHS Oct 2012) and all that this entails as a Credentialed Medical Officer at CSDS.

Signed:

Date: ___/___/___.

Print Name:.....

Provider Number:

If you have not submitted essential documentation, or if there have been any changes to the information supplied since you last applied, please complete the following application.

ACCREDITATION RE-APPOINTMENT FORM

PERSONAL INFORMATION

Surname:..... Given Names: DOB:
Mobile: Ph: Fax:
Practice Address:
E-mail: Home address:
.....Phone:

QUALIFICATIONS

Basic Medical Degree:
Post Graduate Degree:
Other:

ACCREDITATION PRIVILEGES

Clinical privileges are sought in the field(s) of:

Anaesthetics
 Adult
 Paediatric < 2 yrs old
 > 2 yrs old

Dental
 Oral Surgery
 Peridontics

ENT
 Adult
 Paediatric

<input type="checkbox"/> Adult Surgery <input type="checkbox"/> Paediatric Surgery <input type="checkbox"/> Facio-maxillary Surgery Other:	<input type="checkbox"/> Plastics / Reconstructive <input type="checkbox"/> Cosmetic <input type="checkbox"/> Hand	<input type="checkbox"/> Minor Orthopaedics <input type="checkbox"/> Adult
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DETAILS OF CURRENT PROFESSIONAL APPOINTMENTS:

Current / past:

Current / past:

Current / past;

Current / past:

MEMBERSHIP OF COLLEGES AND / OR RELEVANT ASSOCIATIONS

1.

2.

3.

4.

QUALITY ASSURANCE	YES	NO
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Are you currently or have you ever had your clinical privileges been suspended / revoked / limited at any other facility?		
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Please provide details:

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Are you currently or have you ever been involved in civil or criminal proceedings?		
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Provide details:

INFECTION CONTROL	(PLEASE CIRCLE)	
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Are you known to have any conditions likely to result in transmission of infection to others?	YES	NO
.....		

REFEREES (Name & address of 2 referees that will support your application. Referees must have worked with you in the scope of clinical practice you have nominated on this form) PLEASE PRINT

1.

2.

ESSENTIAL DOCUMENTATION TO BE PROVIDED

<input type="checkbox"/>	Copy of Medical / Dental Board Registration must accompany application
<input type="checkbox"/>	Current Curriculum Vitae
<input type="checkbox"/>	Copy of current Medical Defence Insurance Policy OR
<input type="checkbox"/>	Letter has been provided to MDA authorising Colin Street Day Surgery to obtain a current copy of the policy if not provided or apart of registration

AUTHORITY
<input type="checkbox"/> I hereby apply for accreditation at Colin Street Day Surgery with the clinical privileges I have specified
In making this application I acknowledge and agree to:
Abide by the By-Laws of Colin Street Day Surgery, Code of Conduct, Polices and Procedures
Abide by CSDS's Risk Management Programme and the Australian National Standards in Quality, Health and Safety and all that this entails as a Credentialed Medical Officer at CSDS.
Provide annual proof of current professional indemnity insurance
Colin Street Day Surgery's Executives and or Credentialing Committee may seek information about your past experience, clinical performance and current fitness
Signature: Date:/...../.....
Please ensure essential documentation accompanies this application

Office Use only:

Date application received: Date presented to Credentialing Chairman

Date presented to Credentialing Committee:

Re-appointment granted: ____/____/____/.

All essential documentation present;