PRESMED AUSTRALIA (PMA)

APPLICATION FOR APPOINTMENT AS AN ACCREDITED PRACTITIONER – INITIAL OR RE-ACCREDITATION

Medical Practitioner Authority to Release Information

I, ____, hereby authorise
(Insert Name)

(Please tick)

☐ AVANT
☐ MDA NATIONAL
☐ MiGA
☐ MIPS
☐ Other ______________________

N.B. Medical Board of Australia approved insurers only include these listed. If you have a different insurer you must provide evidence from AHPRA that this acceptable.

To provide confirmation of my indemnity insurance to PresMed Australia, Medical Administration.

My member number is: ______________________

My date of birth is: ______________________

The information provided may include the following details:

- Name
- Address
- Member ID
- Policy Number
- Policy start and end dates
- Policy limit
- Category of practice
- State of practice

This authority to release information is valid for the PresMed accreditation cycle 2016 – 2020.

Signed: ______________________

Date: ______________________