**CPD User Application for enrolment in the RACP**

**Continuing Professional Development (CPD) program**

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| **IMPORTANT INFORMATION** |

This application form is for Non-Fellow medical practitioners to enrol as a CPD User in the RACP CPD program.

If you are a registered medical practitioner in Australia, the Medical Board of Australia Registration Standards for CPD outline you must belong to a CPD home. The RACP is a long-standing accredited CPD provider. Your enrolment in our program will mean the RACP is your nominated CPD home.

The RACP MyCPD program is suitable for medical practitioners practising in an [RACP specialty](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs) regardless of registration type.

The RACP CPD program ‘MyCPD’ is a self-reporting, online tool which allows participants to record and track CPD participation. The program is based on an annual cycle, following the calendar year.

As a MyCPD participant, you will be held to the College’s CPD standard (including the CPD audit) and receive communications from the CPD Unit. You are also welcome to access RACP CPD resources such as the [Pomegranate podcasts](https://www.racp.edu.au/pomcast), [Curated Collections](https://www.racp.edu.au/fellows/resources/curated-collections) and [Online Learning courses](https://www.racp.edu.au/fellows/resources/e-learning-portal).

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| **PRIVACY LEGISLATION** |

The College complies with the requirements of the National Privacy Act 1988 (Cth) (Australia) and the Privacy Act 1993 (New Zealand) and has adopted the Australian National Privacy Principles as the guidelines for ensuring the protection of personal information in its care. The College also complies with the RACP Privacy Policy. These policies and guidelines apply to all information collected, stored, used and disclosed by the College.

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| **ENQUIRIES & SUBMISSION** |

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| Please send enquiries and completed applications to:**New Zealand office** | **Australian Office** |
| **Phone:** +64 4 472 6713**Email:** MyCPD@racp.org.nz | **Phone:** +61 2 9256 5444**Email:** MyCPD@racp.edu.au  |

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| **APPLICATION FORM**  |
| **SECTION 1 – Applicant details** |
| Title:      | Surname:       | Given name:      |
| Date of birth:       /       /       | Gender:       |
| Medical Council of New Zealand (MCNZ) Registration [ ]  Number:        | Australian Health Practitioner Regulation Agency (AHPRA) Registration [ ]  Number:       |
| Billing address (Your primary place of work, if you are not working, your home address):       |
| Mailing address:       |
| Phone (H):       | Phone (W):       |
| Mobile:       | Fax:       |
| Email:       |
| Reason for applying to participate in the RACP CPD program:       |

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| **SECTION 2 – Specialty details**  |
| **Division/Faculty** (please tick) |
| [ ]  Adult Medicine[ ]  Paediatrics[ ]  Occupational &  Environmental Medicine | [ ]  Public Health Medicine[ ]  Rehabilitation Medicine |
| **SECTION 3 – Please describe your scope of practice / sub-specialty (e.g., Gastroenterology, Infectious Diseases)** |
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| **SECTION 4 – Payment details and options** |
| CPD participation (CPD User non-member) access fee does [apply](https://www.racp.edu.au/become-a-physician/fees). Upon receipt of this application form, you will be emailed instructions to access MyRACP, where you will be able to review and pay our invoice. **Payment options**

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| **Credit Card:** Pay online through MyRACP | **BPay Biller Code:** 686352 (Australia Only)**BPay CRN:** <<BPay CRN>> as per invoice |
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| **Over the Phone:**  |
| **AU:** 1300 MYRACP (1300 697 227) |
| **AoNZ:** 0508 MYRACP (0508 697 227) |

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| **SECTION 5 – Declaration**  |
| [ ]  I declare that the above information is correct to the best of my knowledge.**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**       /       / 20      |
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