



CPD Program

Application for re-admission to the register of recognised general practitioners (Fellows list)

Please allow three weeks for processing.

Title	Given names	Surname		
Date of birth	Provider No		RACGP No (if applicable)	
	Male	Female		
Practice address			Preferred postal address	
Practice name				
Street address				
Suburb/town	State	Postcode	Country	
Home address			Preferred postal address	
Street address				
Suburb/town	State	Postcode	Country	
Home phone	Practice phone	Fax		
Mobile phone	Email address			

Were you previously on the register of recognised general practitioners (Fellows list)?

Yes No

I now wish to rejoin the register of recognised general practitioners (Fellows list).

Signature

Date

Office use only

GP recognition history

QI status

Recommendation

QI approved by
Name

Signature

Date

Censor's signature

Date

Return this form with any other relevant information to

CPD Administrator
The Royal Australian College
of General Practitioners
RACGP House
100 Wellington Parade
East Melbourne VIC 3002

Ph: 1800 472 247
Fax: 03 9696 7511