



Australian Government
Department of Health

MedicarePlus for Other Medical Practitioners (OMPs) Programme Application Form

Please complete this Application Form in consultation with the Interim Programme Guidelines.
Please refer to Section 7 - Application Process.

Part 1 - Eligibility for Programme

To be eligible for this Programme a doctor:

Please tick

must be a non-vocationally registered medical practitioner registered with a State or Territory Medical Registration Board before 1 November 1996:

must be accessing Medicare rebates in general medical services prior to 1 November 1996:

must be providing or intending to provide medical services in a defined area of workforce shortage^(#): and

must not have previously been on the Vocational Register or the Fellows List:

The Department of Health will provide Medicare Australia with a database containing all current areas of workforce shortage. This database will be updated quarterly. Further details on areas of workforce shortage can be found at Section 3 of the Programme Guidelines. Please contact Medicare Australia on 1800 032 259 to enquire about areas of workforce shortage.

If you meet the above requirements, you are eligible to apply for the MedicarePlus for OMPs Programme.

Part 2 - Personal Information

Title:

Surname:

Given Names:

Residential Address

Street Address:

Suburb:

State:

Postcode:

Postal Address

PO Box:

Suburb:

State:

Postcode:

Daytime Phone Number: ()

Fax Number: ()

Mobile Phone Number:

E-mail Address:

Citizenship Status

Australian Citizen

Permanent Resident

Other

If Other please Specify:

Part 3 - Medical Registration

Date full Australian Medical Registration obtained:

Are there any conditions on your current medical registration? Yes No

If Yes, please provide details of the conditions.

State/Territory of current medical registration

Part 4 - Medicare Provider Number

Do you have a current Medicare Provider Number? Yes No

Medicare Provider Number:

Part 5 - Practice Locations

Please refer to Sections 3 and 7 of the Interim Programme Guidelines for further information. Please list the practice location(s) you wish to register for this Programme.

Practice Address

Provider No:

Street Name:

Suburb:

State: Postcode:

If there is more than one address, please attach an A4 page with the required details.

If you do not yet know the practice address, please state the Suburb, State and Postcode of the area you intend to provide services in:

Suburb:

State: Postcode:

Please note: Medical practitioners should ensure they have approval in writing from Medicare Australia before commencing practice and accessing the higher A1 Medicare rebate in a nominated area of workforce shortage.

Are you currently providing services at an Indigenous Health Training post (formerly Aboriginal Medical Service post)? Yes No

Part 6 - Continuing Professional Development Requirements

Please refer to Section 4 of the Interim Programme Guidelines for full details on Continuing Professional Development.

To maintain eligibility for the MedicarePlus for OMPs Programme, and therefore access to the higher A1 Medicare rebate, medical practitioners will be required to undertake continuing professional development activities through either the Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM).

I am aware that I am required to register and then undertake continuing professional development activities through either the RACGP or ACRRM within 3 months of receiving approval for this Programme. Failure to do so will result in my removal from this Programme.

Contact details for the RACGP and ACRRM are as follows:

RACGP College House
1 Palmerston Crescent
SOUTH MELBOURNE VIC 3205

Ph: (03) 8699 0414

Fax: (03) 8699 0400

[RACGP](http://www.racgp.org.au) (www.racgp.org.au)

ACRRM
GPO Box 2507
BRISBANE QLD 4001

Ph: (07) 3105 8200

Fax: (07) 3105 8299

[ACRRM](http://www.acrrm.org.au) (www.acrrm.org.au)

Part 7 - Prior Eligible Service

Please complete this Part only if you have participated in one of the following programmes:

- a) the Outer Metropolitan Other Medical Practitioners (OMPs) Programme; or
- b) the Rural Other Medical Practitioners (OMPs) Programme.

Medical Practitioners who have provided services through existing Australian Government programmes, as detailed above, may be able to count this time towards their five years service. Please refer to Section 5 of the Interim Programme Guidelines for further information. Have you participated in either the:

- a) Outer Metropolitan OMPs Programme
- b) Rural OMPs Programme

Please state the practice location(s):

Practice Address

Provider No:

Street Name:

Suburb:

State: Postcode:

Please Note: If you have any further dates of participation, or additional practice locations, please attach a separate A4 page with the required details

Part 8 - Declaration and Consent

Privacy Note

The information provided by you in this Application form will be used to assess your eligibility to participate in the MedicarePlus for Other Medical Practitioners (OMPs) Programme. Where appropriate information may be exchanged between the Department of Health, Medicare Australia and the RACGP for the purposes of administering, monitoring, reviewing and evaluating the Programme.

Please note that any information you have supplied to Medicare Australia and/or the Department of Health in connection with your application for the Programme will be dealt with in accordance with the Privacy Act 1988, and in particular, the Information Privacy Principles set out in section 14 of that Act.

Declaration and Consent

I declare that:

- a) The information that I have supplied in this Application Form is true and correct in every particular. I understand that providing false and misleading information is a serious offence.
- b) I consent to the release and exchange of such information between Medicare Australia, the Department of Health and the RACGP for the purposes of administering, monitoring, reviewing and evaluating the Programme.

Signature Date

Part 9 - Lodgement of Application

Please send your completed application to:

The MedicarePlus for OMPs Programme
Medicare Australia
GPO Box 9822
ADELAIDE SA 5001

Part 10 - Assessment and Verification of Application

Please refer to Section 8 of the Interim Programme Guidelines for further information.

Medicare Australia is responsible for assessing applicants for the Programme, including provider eligibility, eligibility of the practice location(s) and recognition of prior service in an area of workforce shortage through an existing programme.

Once an application has been approved in writing, Programme participants will have access to the higher Medicare rebate and will be able to claim the appropriate higher item numbers listed in the Medicare Benefits Schedule.

It is the responsibility of individual doctors to ensure they are registered on the MedicarePlus for OMPs Programme before billing at the higher rate. Medicare Australia will send a letter to all applicants informing them of the outcome of their application.

Further Questions

If you have any further questions regarding the MedicarePlus for OMPs Programme, please contact Medicare Australia on: 1800 032 259.

OFFICE USE ONLY:

Assessment and Verification of Application

Applicant Provider Number:

Applicant has not previously been on either the Vocational Register or Fellows list

Prior Eligible Service: Yes No

Prior Eligible Service Details:

Programme Name:

Start Date: End Date:

Time accumulated (rounded up to the nearest quarter):

Nominated Area of Workforce Shortage

Eligible area in database Yes No

Location of Area of Workforce Shortage:

AMS Post verified by Health (if applicable)

Application Approved:

Application Not Approved:

Reason:

Date notice sent to practitioner:

Approved by:

Name:

Position:

Signature: