



Surgical Skin Audit Registration Form

Please email registration form to: KossardSkinAudit@kossard.com.au OR download the Skin Audit Registration Form from our website: www.kossard.com.au under "Practitioners" tab.

CPD 40 Category 1 Points

Doctor Information

Title:	First Name:	Last Name:	Provider No:
Kossard Dr. Code (if known):		Name of College:	Registration No: REQUIRED TO OBTAIN CPD POINTS
Doctor Type: (please tick) <input type="checkbox"/> General practitioner <input type="checkbox"/> Skin cancer practitioner <input type="checkbox"/> Plastic / General surgeon <input type="checkbox"/> Dermatologist		Use of Dermoscopy: <input type="checkbox"/> No <input type="checkbox"/> Always <input type="checkbox"/> Sometimes	Use of Sequential Digital Imaging: <input type="checkbox"/> Yes <input type="checkbox"/> No

Practice Details

Your Practice Name (primary location):
Your Practice Address (primary location):
Street: _____
Suburb: _____ Postcode: _____
Phone no / Mobile no: _____
Email Address:
Other practice locations to be included in this audit:

FREQUENCY OF REPORTS **HALF YEARLY** **YEARLY**

I, Dr _____ (*print name*) confirm that I wish to receive a 'Skin Audit Report' of my pathology cases and I will contact Kossard Dermatopathologists if my contact details change or if I no longer want to receive the 'Skin Audit Report'.

Doctor's Signature _____ Date _____

Please note: You will receive designated Skin Audit Request Forms within 2 weeks of registration. If you do not receive your designated Skin Audit Request Forms within 2 weeks of submitting this form, please email KossardSkinAudit@kossard.com.au OR contact your Medical Liaison Officer.