



Surgical Audit Registration Form

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|--------------------------|--|-------------------------------------|-------------|------------------------------------|------------------------|--------------------------|
| | Title | First Name | | Last Name | | Provider Number |
| | | | | | | Practice Address |
| | Phone | Fax | | Mobile | | Email Address |
| Location type: | Major City | Large Rural | Small Rural | | | |
| Practitioner type: | General Practitioner | General Practitioner plus Skin Work | | Dedicated Skin Cancer Practitioner | | Specialist Dermatologist |
| | Plastic Surgeon | General Surgery | | GPH Plastic Surgeon | Non-Surgical Audit Drs | |
| Use of Dermoscopy: | None | Low | Medium | High | | |
| | RACGP QA & CPD Number | | | ACRRM Number | | |
| SCCA Audit Participant | Permission to release De-identified Data | | | Year of Graduation | | |
| Combined personal report | SNP Code | | SNP Code | | SNP Code | |
| Combined Clinic report | | | | | | |

Office Use Only:

Has the Doctor signed and returned SCCA Release Info? Yes No

Dr Codes combined form

Request forms ordered