DIAGNOSTIC IMAGING ACCREDITATION SCHEME

ACCREDITATION TRANSFER

Practice Details

Note: If you are transferring multiple sites please complete a transfer form for each site

Preferred Accreditation Contact (someone QIP can direct information to and contact regarding accreditation)	
Position (for example, practice manager)	
Direct Number (Ext Number, Mobile)	
What is your LSPN (Location Specific Practice Number)? The LSPN is a unique six digit number given to practices by Medicare Australia when they register diagnostic imaging equipment.	☐☐☐☐☐☐
Previously Accredited with	
Practice Name to which the LSPN is registered.	
Street Address where the practice is physically located or where the mobile equipment is usually housed.	_____ _____ Suburb/Town:_____ State: _____ Postcode:_____
Postal Address (if different to street address)	_____ Suburb/Town:_____ State: _____ Postcode:_____
Telephone & Fax	**T:** (_ _) / **F:** (_ _)
Email	
Corporate Entity (if applicable)	
Service Type	☐ A medical imaging service **only** ☐ A base for mobile equipment **only** ☐ **Both** **AND** ☐ Radiology Services **Only** ☐ Non Radiology Services **Only** ☐ **Both**
Number of FTE Practitioners	☐ 0 - 2 FTE Practitioners ☐ 3 - 5 FTE Practitioners ☐ 6 – 20 FTE Practitioners ☐ Over 20 FTE Practitioners

Modalities

Please indicate all modalities accredited under the Stage I Scheme:		**Date Accreditation Achieved:**
☐ Ultrasound	☐ Fluoroscopy	Practice Accredited From:
☐ General X-Ray	☐ Orthopantomography	.....
☐ Mammography	☐ Magnetic Resonance Imaging (MRI)	Practice Accredited To:
☐ Angiography	☐ Computer Tomography (CT)	.....
☐ Nuclear Medicine	☐ Other……..	

Authorisation

I, _____, as the Accreditation Contact named in this form am able to authorise the transfer of Accreditation from _____ to QIP Pty Ltd and verify the information provided in respect to this transfer.

Signed: _____ Date*:* _____

Thank you for choosing to transfer to QIP, Australia's leading provider of accreditation for primary health care.
If you have any questions about the process please contact QIP on **1300 888 329**.

Please fax your completed form to QIP Fax No: 1300 362 110

Office Use Only

Practice Id:	Consultant Allocated:	Application Pack Sent:

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