



OFFICIAL

# Accredited Medical Practitioner Application Form

This form is to be used by medical practitioners when applying for accreditation as an Accredited Medical Practitioner under the Motor Accident Injury Accreditation Scheme (MAIAS), established pursuant to section 76 of the *Civil Liability Act 1936*.

## Compulsory pre-requisite for applicants

Accreditation as a Permanent Impairment Assessor with Return To Work SA is a **compulsory pre-requisite** for accreditation as a medical practitioner under the MAIAS.

1. Are you currently accredited as a Permanent Impairment Assessor with Return To Work SA? Yes ... No
2. Have you recently submitted your application for accreditation as a Permanent Impairment Assessor with Return To Work SA, and waiting for accreditation training and/or notification of accreditation? Yes No

If you have answered no to both of these questions, your application for accreditation under the MAIAS cannot progress further. For further information on how to be accredited as a Permanent Impairment Assessor with Return To Work SA contact [wpi@rtwsa.com](mailto:wpi@rtwsa.com) or call (08) 8238 5960.

## 1. Applicant details (not clinic or medico-legal company details)

Title: First name: Last name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Primary assessment location details (for the public register)

Company/Clinic name: *i.e. Medical legal company* \_\_\_\_\_

Address: *i.e. where assessment will take place* \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: Email: \_\_\_\_\_

## Additional assessment location details

Company/Clinic name: *i.e. Medical legal company* \_\_\_\_\_

Address: *i.e. where assessment will take place* \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: Email: \_\_\_\_\_

## Additional assessment location details

Company/Clinic name: *i.e. Medical legal company* \_\_\_\_\_

Address: *i.e. where assessment will take place* \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: Email: \_\_\_\_\_

*\*To provide any additional assessment location details attach a separate sheet to this application.\**



**2. Medical registration**

Are you currently registered with the Medical Board of Australia? Yes    No

Are there any restrictions or limitations placed on your registration with the Medical Board of Australia?  
*If yes, please describe (attach a separate page to this application if required)* Yes    No

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What is your practising specialty? .....

*\*Please attach a copy of your current certificate of registration from the Medical Board of Australia.*

**3. Primary medical qualification**

Please write the name of your degree in full:

.....

**4. Post graduate qualifications**

Including diplomas, certificates, degrees, memberships, fellowships, relevant to the body system for which you are applying.

Qualification (in full)	Awarding university / college / institution	Country	Year

*\*Please attach a separate sheet if required.*

**5. Insurance**

Are you covered by medical indemnity insurance? Yes    No

Are you covered by public liability insurance? Yes    No

*\*Please attach copies of your current certificates of currency.*

**6. Continuing professional education**

Do you have up-to-date certification of continuing professional development or maintenance of professional standards relevant to your specialty? Yes    No

*\*if yes, please attach a copy.*



## 7. Body Systems

Please tick the body systems you are applying to be accredited in (*tick one or more*)

Upper extremity	Cardiovascular	Respiratory
Lower extremity	Urinary and reproductive	Skin
Spine	Endocrine	Ear, nose and throat (ex. hearing)
Digestive	Central and peripheral nervous	Ear, nose and throat (inc. hearing)
Psychiatric disorders	Visual	Haematopoietic

## 8. Checklist

- All questions have been completed;
- Copy of current registration certificate from the Medical Board of Australia is attached;
- Copies of insurance certificate/s of currency are attached;
- Copy of continuing professional development or maintenance of professional standards certificate is attached;
- Chosen body systems are indicated; and
- The declaration by applicants is completed and signed.

## 9. Declaration by applicant

I (*name*) .....

of (*address*) .....

declare that I am the person named in this application and that, to the best of my knowledge and belief, the statements contained are true and correct. I understand that any incorrect statement in my application including (but not restricted to) my qualifications, experience, ability, physical or mental health or personal integrity may result in refusal of my application or suspension of my accreditation. I authorise the MAIAS Administrator to seek information relating to my qualifications, professional standing and past experience as relevant to my application.

Furthermore, I declare that I currently satisfy all criteria for accreditation under the Return To Work SA Impairment Assessor Accreditation Scheme (IAAS). I acknowledge that my continued accreditation under the MAIAS is subject to maintaining my accreditation as an Impairment Assessor in the IAAS.

Signature .....

Date     /     / .....

### Please provide your application to:

The MAIAS Administrator  
c/o GPO Box 1095 Adelaide SA 5001

Email: [MAIAS@sa.gov.au](mailto:MAIAS@sa.gov.au)

Phone: 1300 303 558