



Application for AAPM Certified Practice Manager

The Certified Practice Manager category allows members to highlight and value their years of experience and the development of their skill base in practice management

Requirements to become a Certified Practice Manager:

- Full Member of AAPM for over 1 year
- Hold Diploma of Professional Practice Management or equivalent, or higher, business/management related qualification
- Minimum 3 years' experience as a Practice / Business Manager
- Proven accrual of a minimum of 200 Continuing Professional Development (CPD) points within previous 3-year period

Agree to maintain 200 CPD points over each ensuing triennium period

APPLICANT INFORMATION		
Name:		
Membership Number:		
Current address:		
City:	State:	Post Code:
Mobile:		Phone:
ACADEMIC QUALIFICATION		
Please list your current academic qualifications and attach copies of academic transcripts, or other supporting documentation, to this form.		
Qualification	Institution	Year Completed
Qualification	Institution	Year due to Complete
SUPPORTING DOCUMENTATION		
Please attach one copy of:		
<input type="checkbox"/> Supporting academic information, such as transcripts or copy of Diploma		
<input type="checkbox"/> Your AAPM personal education record, or online record, for continuing professional development accrual		

WORK EXPERIENCE

Please provide information on your current position and previous two positions.

Current

Position:

Date Commenced:

Employer:

PREVIOUS WORK EXPERIENCE

Position:

Date Commenced:

Employer:

Position:

Date Commenced:

Employer:

Position:

Date Commenced:

Employer:

DECLARATION

Employer/Company Representative to complete:

I confirm that all the information provided in this application form is true and correct to the best of my knowledge

Name:

Position:

Date:

Signed:

Applicant to complete:

I confirm that all the information provided in this application form and supporting documentation is true and correct

Date:

Signed:

PAYMENT

I enclose a cheque for \$60.00 or

Debit \$60.00 from my credit card

Cardholder's name:

Cardholder's signature

Card number:

Expiry date:

**Please return completed form, education transcripts and/or supporting documents and payment to
AAPM Head Office: via email, post or fax**

Level 1, 60 Lothian Street, North Melbourne VIC 3051

 1800 196 000

 03 9329 2524

 headoffice@aapm.org.au

ABN 91 010 067 615