



Application for AAPM Fellowship

The gold standard of AAPM membership for highly qualified and experienced Practice Managers seeking to maintain their professional development and recognition within the healthcare sector

Criteria to become a Fellow:

- Full Member of AAPM for more than three years
- Hold Certified Practice Manager status
- Complete an additional qualification of Certificate IV or higher in a related field of study, health or business management, accounting, IT, law, etc. If this qualification was completed more than 3 years ago, it will be considered

for currency and relevance to healthcare practice management, and in conjunction with your CV and current position.

OR undertake ONE of the following:

1. Three approved case studies on healthcare practice management
 2. An approved professional paper on healthcare practice management
 3. 240 hours of formal studies related to healthcare management, such as study modules
- Proven accrual of a minimum of 300 Continuing Professional Development (CPD) points within past three-year period
 - Agree to maintain a minimum of 300 CPD points each ensuing triennium (three-year period)
 - Complete the AAPM Fellowship interview

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

APPLICANT INFORMATION

Name:

Membership Number:

Current address:

City:

State:

Post Code:

Mobile:

Phone:

ACADEMIC QUALIFICATION

Please list your current and/or completed academic qualifications and attach copies of academic transcripts, or other supporting documentation, to this form.

| Qualification | Institution | Year Completed |
|---------------|-------------|----------------|
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SUPPORTING DOCUMENTATION

Please attach one copy of:

- Formal letter of application
- Information such as Bio, CV, experience and journey through Practice Management
- Supporting academic documentation such as transcripts
- Supporting CPD point accrual documentation

CPM STATUS

I am an AAPM Certified Practice Manager:

Yes (Year: _____)

No

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 \$175.00 or

Debit \$175.00 from my credit card

Cardholder's name:

Cardholder's signature

Card number:

Expiry date: