



# Membership and Enrolment for Diagnostic Imaging Accreditation Stage II

Please note that this form can also be completed online at [www.hdaa.com.au](http://www.hdaa.com.au)

Our practice is eligible to participate in the scheme under the pathway ticked (✓) below.

- Stage I Accredited Practices**  
We have Stage I Accreditation with HDAA (or from another agency) and are eligible to receive two years extended accreditation.
- Transitional Arrangements**  
We are/will be in providing eligible diagnostic imaging services prior to the 30 June 2010 and are *not* accredited under Stage I.
- MIAP Accredited Practices**  
We are eligible for diagnostic imaging accreditation as we have current MIAP accreditation.
- New Practices Seeking to Participate**  
My practice provides DIST services and does not fall into one of the other groups above.

If you are unsure which of these pathways applies to you, call HDAA now for assistance 1800 601 696, or refer to [www.hdaa.com.au](http://www.hdaa.com.au) for more detail.

\*Denotes compulsory fields.

## SECTION A: Practice Contact Details

1. \*LSPN (Location Specific Practice Number)
2. \*This practice is registering as: Please tick (✓):  A Diagnostic imaging practice or  A base for mobile equipment
3. \*Choose a password (must be greater than 5 characters)
4. \*Trading name of the practice site or mobile facility .....
5. Group name (if applicable) .....
6. \*Address of the physical location of the practice or mobile base named above  
 Floor number and building name.....  
 Street number and name ..... Suburb/Town/City.....  
 State ..... Postcode.....
7. \*Postal address: Please tick (✓) if same as above   
 Floor number and building name.....  
 Street number and name ..... Suburb/Town/City.....  
 State ..... Postcode.....
8. \*Preferred accreditation contact  
 Name..... Position.....  
 Telephone (work) ..... Telephone (mobile).....  
 Facsimile (work) ..... Email (work) .....
9. As the preferred contact, are you responsible for any other practices participating in the accreditation scheme?  
 Yes  No
10. \*Proprietors contact details  
 Name..... Telephone (work).....  
 Email (work) .....



## SECTION B: Practice Information

11. \*Please tick (✓) the type of imaging services your practice provides under Medicare

- |                                      |                                |   |
|--------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Angiography | <input type="checkbox"/> CT    | <input type="checkbox"/> Fluoroscopy              |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> MRI   | <input type="checkbox"/> OPG                      |
| <input type="checkbox"/> Ultrasound  | <input type="checkbox"/> X-ray | <input type="checkbox"/> Nuclear Medicine Imaging |

12. \*How many units of imaging equipment are located at your practice or mobile base? .....

13. \*How many full time and part time *imaging practitioners* does your practice have? Full time ..... Part time .....

14. \*My practice is currently providing non-radiology imaging services: Please tick (✓):  Yes  No

## SECTION C: Verification, Terms and Conditions of Agreement

Please **review the information you have entered** for accuracy, ensuring that at minimum all compulsory fields are completed. Giving false or misleading information is a serious offence.

\*I, ..... (insert name and position)

of ..... (organisation name)

confirm I have permission to act on behalf of ..... (LSPN of site) and am able to authorise this enrolment with HDAA for the Diagnostic Imaging Accreditation Scheme Stage II and verify the completeness and accuracy of information provided in this enrolment and associated application (when submitted) for the Diagnostic Imaging Accreditation Scheme Stage II. I understand and accept, on behalf of this LSPN site, the terms of HDAA Membership and the schedule of fees to 30 June 2013. I agree fees will be paid by **25 June 2010** (year 1) and then annually by 30 June 2011 (year 2) and 30 June 2012 (year 3). I declare that this LSPN site stated above meets the eligibility requirements of the Diagnostic Imaging Accreditation Scheme.

Membership to HDAA Pty Ltd is annualised over three years.

\*Payment method for year 1 fees Please tick (✓):

**Electronic funds transfer**  The LSPN must be shown in the Invoice number/details section in the online banking payment. ANZ Bank. BSB: 014309 Account No: 451246253

**Post a cheque**  Cheques must be made payable to HDAA and received by 25 June 2010, showing the LSPN and trading name of the site on the reverse side of the cheque.

**Note:** Payment MUST be made by 25 June 2010. Confirmation of HDAA membership will be sent to the contact person at the LSPN site once payment of year 1 fees is received, verified as appropriate for the practice category and has cleared.

Date .....

\*Signed .....

**Return this Enrolment form to arrive at HDAA by 25 June 2010**

**Facsimile** (07) 3491 9897 **Email** di@hdaa.com.au

**Post** PO Box 365, North Lakes, Brisbane QLD 4509

