

General Practitioner Registration Form

Please copy as required

*The National HPV Vaccination Program Register is fully funded by: Australian Government - Department of Health and Ageing
Operated by: Victorian Cytology Service Inc*

Instructions

This form is for General Practitioners to register with the National HPV Vaccine Program Register (NHVPR), One form is required for each Medicare Provider Number. **Complete all fields in large clear BLOCK LETTERS.**

General Practitioner details

Medicare Provider Number:

Title:

First name:

Middle name:

Surname:

Phone number: ()

Email *(for primary contact, registry updates and distribution of online access password etc):*

On line access

Do you intend to use the Register's online facilities to submit vaccine notifications electronically or to check the immunisation status of individuals? *(please tick box)*

(An Online Access Pack will be sent to you. Your user login will be posted to your address on the Medicare Provider List. The password to login will be emailed to the GP email address provided above.)

Practice details (please note address details will be verified through Medicare)

Practice name:

Street:

Suburb:

State:

Postcode:

Contact person for practice

First name:

Surname:

Phone number: ()

Fax number: ()

Email:

Declaration and signature

I certify that the information provided on this notification form is complete and correct.

Signature:

Date:

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**Please fax this form to (03) 8360 8273 or post to HPV Register, Reply Paid 725 Sunshine VIC 3020
For assistance in submitting this form or for enquiries please call 1800 478 734 (1800 HPV REG)**