

# APPLICATION FOR APPROVAL AS A PRACTICE MANAGEMENT PROVIDER IN NSW

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## SECTION A - APPLICANT DETAILS

Name of provider:		
Street number and name:		
Suburb:		
State:	Postcode:	DX:
<b>POSTAL ADDRESS</b> <input type="checkbox"/> Same as above		
Street number and name:		
Suburb:		
State:	Postcode:	DX:
Telephone: (    )	Mobile: (    )	
Email address:		
Preferred web link (if required):		

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## SECTION B - CONTACT DETAILS

Please advise the name of the **contact person** for the application.


Given names:	Surname:
Telephone: (    )	Mobile: (    )
Email address:	

Please advise the name of the **CPD Coordinator** if different.

Given names:	Surname:
Telephone: (    )	Mobile: (    )
Email address:	

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## SECTION C - COURSE DETAILS

 Please attach course outline(s), details of faculty and any other relevant information.

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## LODGEMENT OF APPLICATION FORM

 **Email:** [tahlia@creativeconsequences.com.au](mailto:tahlia@creativeconsequences.com.au)

 **Post to:** Practice Management Course Applications, PO Box 35, Broadway NSW 2007

A reviewer will be in contact to discuss your application.