



The Medical Council of Tasmania

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Request for a Certificate of Registration Status (CRS)

I, (full name):

Registration number:..... **Signed:**.....

Would like to request for a CRS to be sent on my behalf to: the *Medical Board/Council of-*

- Victoria Queensland New South Wales South Australia
- Australian Capital Territory Northern Territory Western Australia
- Other: (please state and include mailing address details)

(Please note that the CRS is sent directly to the requesting organisation and is not issued to the medical practitioner. We do not issue "copies").

Payment details (AUD\$35.00)

Cheque or money order (payable to The Medical Council of Tasmania)
Or

Please charge my: Visa MasterCard

Credit card number: _____

Name on card: _____

Expiry date: ____ / ____ Signature: _____

(Please note that payment must accompany your completed form).

Receipt to: Recorded mailing address

Other: (please state)

Office Use Only

Approved for processing Yes No Date: / /

Payment of fee received (\$) R/N:

Please send the completed form addressed to: The Registrar, Medical Council of Tasmania, either by post or facsimile using the contact details listed above.