

Attachment C: Change of Details Form

This form must be completed by the applicant (principal practitioner) and sent to MOH-Vaccreports@health.nsw.gov.au within 7 days of any change of details to your Practice.

The 'applicant' is an accredited medical practitioner or nurse practitioner who applied to have the medical practice approved as a Yellow Fever Vaccination Centre and who is responsible for the practice continuing to meet WHO and Australian requirements for yellow fever vaccination.

(a) Practice details	
Name of Practice	
Vaccine Account Number (VAN)	
Address	
(b) Changes to practice details	
Change of Practice Name <input type="checkbox"/>	New Practice Name:
Change of Practice Address <input type="checkbox"/>	New Practice Address:
Change of Telephone number <input type="checkbox"/>	New Telephone number:
Change of Email <input type="checkbox"/>	New Email:
Change of Contact for Administrative Requirements relating to Yellow Fever Vaccination (practice manager or other)	New Contact Person:
Other <input type="checkbox"/>	
(c) Changes to principal practitioners	
<i>Please contact your local public health unit on 1300 066 055 to obtain Attachment B: Conditions Applying to an Approved Yellow Fever Vaccination Centre.</i>	
1	Name of old principal practitioner: AHPRA Number:
2	Name of new principal practitioner: AHPRA Number: 'Attachment B' completed and signed <input type="checkbox"/> Yellow fever course certificate MUST be attached

(d) Changes to practitioners who are prescribing the yellow fever vaccine			
All new practitioners seeking to prescribe yellow fever vaccination MUST be accredited. Accreditation is by successful completion of the online Yellow Fever Vaccination Learning Module. Only accredited practitioners can prescribe the yellow fever vaccine.		ADD Practitioner	REMOVE Practitioner
1	Name: AHPRA Number: Date yellow fever module completed:	<input type="checkbox"/>	<input type="checkbox"/>
2	Name: AHPRA Number: Date yellow fever module completed:	<input type="checkbox"/>	<input type="checkbox"/>
3	Name: AHPRA Number: Date yellow fever module completed:	<input type="checkbox"/>	<input type="checkbox"/>
4	Name: AHPRA Number: Date yellow fever module completed:	<input type="checkbox"/>	<input type="checkbox"/>
Other comments:			

I, as the applicant declare that all new individual practitioners at the practice intending to prescribe yellow fever vaccination have completed the online yellow fever training course.

Name:

Signature:

Date:

Please submit completed form to MOH-vaccereports@health.nsw.gov.au