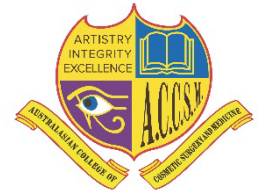


Raising Standards – Protecting Patients

**ACCSM PRACTICE ACCREDITATION: Cosmetic Surgery Training Program
ANNUAL CENSUS FORM**



At the end of each calendar year, each accredited practice must complete an Annual Census Form.

Preceptors must read the [ACCSM Accreditation Policy](#) to ensure that they understand the accreditation requirements and that they are confident to declare that no material changes have occurred at their practice that may impact their accreditation status for the coming year.

Please refer to current practice accreditation documentation before answering the questions below, so that changes can be identified.

1. Preceptor Information

Please enter the preceptor details for the training practice (for validation against college records):

Preceptor
First name
Last name
Date
Preceptor status granted
Mobile number
Email address



2. Training Practice

2.1 Has there been any change in NHQSH accreditation status for the practice (such as renewal of accreditation) during the year?

- No
- Yes (please provide details below). If the practice has been re-accredited, please include a copy of the latest accreditation report with this census form.

2.2 Has there been any change to clinic location, contact details, or the number of hours per week the trainee spends at each location of the accredited practice?

- No
- Yes (please provide an update below)

Practice Name	Address	Number of hours per week trainee will spend at that location
1.		
2.		
3.		

3. Supervisors/Key Staff

If they have not been reported to the ACCSM already, have there been any changes to additional supervisors or key staff – personnel changes, conditions placed on their registration or any disciplinary proceedings against any supervisors/ key staff at the accredited practice during the census period?

- No
- Yes (please provide updated details below)

Practice Key Staff information

Practice Name Supervisors/Key staff name and details of any changes (e.g. new staff, departed, changes to role)

1.

2.

3.

4. Training experience

Have there been any changes to the training provided at the practice against key learning outcomes of the curriculum, the scope of practice/ procedures, rostering or training locations during the year?

- No
- Yes (please outline below)

5. Preceptor Declaration

1. I confirm that any changes to the accredited practice have been reported accurately.
2. I understand and agree to continue to comply with all requirements of the ACCSM Cosmetic Surgery Training Program.
3. I confirm that the training practice continues to meet the ACCSM accreditation conditions.
4. I agree to inform the ACCSM of any changes in circumstances within any training locations of the rotation including changes in key staff.

Signed:

Date:

6. Lodgment of Accreditation Census

Please submit your accreditation form and required attachments to the ACCSM office.

admin@acasm.org.au