

**Application to become an Approved Private Prescriber**

Compression Garments will be prescribed for eligible South Australians according to the South Australian Lymphoedema Compression Garment Subsidy Scheme [(LCGSS) Guideline](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/guideline+for+the+south+australian+lymphoedema+compression+garment+subsidy+scheme).

To be approved as a prescriber under the scheme you must be an Occupational Therapist, Physiotherapist, Podiatrist, or Registered Nurse who meets all the following requirements:

* Has managed a minimum of six (6) clients with lymphoedema in the prior 12 months; and
* Is accredited under the ALA Accredited Lymphoedema Practitioner Program (ALPP)

Optional

* Is registered on the National Lymphoedema Practitioners Register (NLPR).

To apply to become an approved prescriber, please complete all sections of this form.

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| 1. PRESCRIBER DETAILS | |
| Full Name (as per AHPRA/NMBA Registration) |  |
| Profession: |  |
| Date of Birth: |  |
| AHPRA or NMBA Registration Number: |  |
| ALA NLPR Number (write N/A if not applicable): |  |
| Name of location of practice: |  |
| Address location of practice: |  |
| Telephone: |  |
| Work Email: |  |
| 2. PRESCRIBER DECLARATION (complete all) | |
| I declare that I am an experienced lymphoedema clinician who has had responsibility for the clinical management of a minimum of six (6) lymphoedema patients in the past 12 months, including garment measurement, prescription, and fitting  I have attached evidence that demonstrates current ALPP Accreditation  ALA Accredited Lymphoedema Practitioner Program Certificate  Training certificate (and associated evidence outlining scope of practice if not displayed on training certificate.)  Evidence of AHPRA registration  I understand the eligibility requirements for clients to receive subsidised garments through the LCGSS including the need to notify [HealthContractNotices@sa.gov.au](mailto:HealthContractNotices@sa.gov.au) as soon as garments are received, not when they are fitted to a client.  I declare that all information I have supplied in this application is true and correct to the best of my knowledge at the time of submission  I understand that I am required to submit my annual ALPP certificate and AHPRA registration certificate each year as confirmation of my ongoing accreditation.  I undertake to immediately notify SA Health if at any time I no longer meet the requirements for approval (including professional registration) to prescribe garments under the Scheme [HealthContractNotices@sa.gov.au](mailto:HealthContractNotices@sa.gov.au) | |
| Signature: Date: | |

Send completed application form from your **work email** address to: [HealthContractNotices@sa.gov.au](mailto:HealthContractNotices@sa.gov.au)

Following confirmation as an approved prescriber, your name, contact details and scope will be entered into the SA Health Credentialing database, be listed on the LCGSS SA Health website and you will receive details of how to prescribe garments under the scheme. If you do not wish to be listed on the LCGSS SA Health website, please advise.