

## Positron Emission Tomography

### When to use this form

To be eligible to perform Positron Emission Tomography (PET) services, a provider must complete a statutory declaration that lists the provider number and Location Specific Practice Number (LSPN) of the diagnostic imaging practice.

Services Australia will advise the provider of their PET eligibility in writing on receipt of a completed statutory declaration.

### Important information

The provider completing this statutory declaration must provide all the following information to Services Australia:

- full name of the person making the statutory declaration
- the location where the PET services are provided
- the provider number to be used at this location
- the LSPN where the PET equipment is located.

A reference to 'comprehensive facility' in the attached statutory declaration means a facility where all of the following services are performed (whether or not other services are also performed): PET, computer tomography, diagnostic ultrasound, medical oncology, radiation oncology, surgical oncology and x-ray.

Services Australia must be advised immediately if the equipment specified in the statutory declaration is replaced or moved to a new location, to ensure continued access to Medicare eligible PET services. More information is available from [servicesaustralia.gov.au/lspn](http://servicesaustralia.gov.au/lspn)

### Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Sign this statutory declaration before an authorised person (for a list of authorised persons, go to [ag.gov.au](http://ag.gov.au)).

### Returning this form

Check that all required questions are answered and the statutory declaration has been signed and dated.

#### Returning this form

Return this statutory declaration and any supporting documents:

- **online**, upload through Health Professional Online Services (HPOS) at [servicesaustralia.gov.au/hpos](http://servicesaustralia.gov.au/hpos)
- by post to:  
Services Australia  
Provider Registration  
GPO Box 9822  
PERTH WA 6847
- by fax to: **08 9214 8201**

### For more information

If you need assistance completing this statutory declaration, call **1800 620 589** Monday to Friday, 7:30 am to 5 pm, Australian Western Standard Time.

Call charges may apply.

### Privacy notice

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](http://servicesaustralia.gov.au/privacy)

Commonwealth of Australia  
*Statutory Declaration Act 1959*

1 *Insert the name, address and occupation of person making the declaration*

I, <sup>1</sup> .....

make the following declaration under the *Statutory Declarations Act 1959*:

2 *Set out matter declared to in numbered paragraphs*

I am, <sup>2</sup>

- (a) a specialist or consultant physician credentialled under the Joint Nuclear Medicine Specialist Credentialling Program for the Recognition of the Credentials of Nuclear Medicine Specialists for Positron Emission Tomography overseen by the Joint Nuclear Medicine Credentialling and Accreditation Committee of the Royal Australasian College of Physicians (RACP) and the Royal Australian and New Zealand College of Radiologists (RANZCR), or
- (b) a practitioner who
  - (i) is a Fellow of the Royal Australasian College of Physicians or a Fellow of the Royal Australian and New Zealand College of Radiologists, and
  - (ii) has reported 400 or more studies forming part of PET services of which a Medicare benefit was payable, and
  - (iii) is authorised under state or territory law to prescribe and administer the intended PET radiopharmaceuticals to humans, and
  - (iv) met the requirements of subparagraphs (i), (ii) and (iii) before 1 November 2011.

The facility from which I provide PET services (personally or under my personal supervision) is a comprehensive facility.

The PET equipment I use to provide PET services is equipment that meets the requirements set out in Requirements for PET Accreditation (Instrumentation and Radiation Safety) Third Edition (2017), issued by the Australian and New Zealand Society of Nuclear Medicine Inc.

PET Services are only provided following referral from a recognised specialist or consultant physician.

The PET equipment is located at the following comprehensive facility:

Name of business or organisation .....

Suite/Unit/Shop ..... Floor/Level..... Lot/Street number .....

Street name .....

Suburb ..... State ..... Postcode .....

Contact number ..... Facsimile (.....).....

Email .....

Provider number for this location is ..... LSPN is .....

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

3 *Signature of person making the declaration*

<sup>3</sup>  
.....

4 *Place*  
5 *Day*  
6 *Month and year*

Declared at <sup>4</sup> ..... on <sup>5</sup> ..... of <sup>6</sup> .....

Before me,

7 *Signature of person before whom the declaration is made*

<sup>7</sup>  
.....

8 *Full name, qualification and address of person before whom the declaration is made (in printed letters)*

<sup>8</sup>  
.....  
.....

*Note 1* A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see Section 11 of the *Statutory Declarations Act 1959*.

*Note 2* Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959* — see Section 5A of the *Statutory Declarations Act 1959*.