



Change of Details Nurse Pap Smear Provider

NPSP details

Surname Given names

Home address
..... Postcode

Telephone e-mail

Current registration with the NMBWA ID number

Division Expiry date

Division Expiry date

Nurse identification number

Location/s where you will provide the additional/new service

Service Name (1)

Address
..... Postcode

NPSP ID No. 1

Telephone Fax

Service Name (2)

Address
..... Postcode

NPSP ID No. 2

This location

Telephone Fax

Name of cytology laboratory utilised by screening service

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