

Did you know you can now apply online? Create an Ahpra portal account and complete your application

Click here to apply online

Applying for registration is now available online.

Create an Ahpra portal account and complete your application.

Applying online is easier, faster and more secure

The online application form only asks questions relevant to your situation – saving you time.

Applying online also means you can

- easily access our new online ID verification
- track your progress as you complete each section of the application
- save as you go and lodge when it suits you
- check back in to see how assessment of your application is tracking.

For the best experience, please use a computer or laptop when applying online.

If you choose to use this form, we will need to follow up with you to ask you to validate some of the information you send us. This form will only be available for a short time.

Keeping in contact

We will let you know about important information to do with your application via your secure Ahpra portal.

AEGR-30



Agreement to restrict practice to teaching and/or assessing

For medical practitioners currently holding general registration Profession: Medical

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

This form is for medical practitioners who hold current general registration and agree to:

- not provide any clinical care services to patients, and
- restrict their practice to teaching and academic services as part of an accredited medical course or assessment process leading to registration as a medical practitioner.

Teaching, academic and assessing services include the provision of services as part of an Australian Medical Council (AMC) accredited medical course or assessment process leading to general or specialist registration such as:

- acting as an examiner for the AMC or specialist colleges
- · teaching medical students as part of an accredited medical course, and
- providing administration or management services for an accredited medical course or assessment process.

It is important that you refer to the Medical Board of Australia's (the Board) registration standards when completing the form. Registration standards, codes and guidelines can be found at **www.medicalboard.gov.au**



This agreement will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at **www.ahpra.gov.au/privacy**.

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at **www.ahpra.gov.au/privacy**.

Symbols in this form



Provides specific information about a question or section of the form.

Attention

Highlights important information about the form.



Attach document(s) to this form Processing cannot occur until all required documents are received.



Requests appropriate parties to sign the form where indicated. Mail document(s) directly to Ahpra

Requires delivery of documents by an organisation or the applicant.

Completing this form

- Read and complete all questions.
- Ensure that all pages and required attachments are returned to Ahpra.
- Use a black or blue pen only.
- Print clearly in BLOCK LETTERS
- Place X in all applicable boxes: X
- DO NOT send original documents.



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Personal details

The information items in this section of the agreement marked with an asterisk (*) will appear on the public register.

1.	What are	your	name	and	birth
	details?				

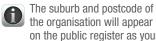
Circle of	iven nemet						
FIRSE	<mark>iven name*</mark>						
Middl	e name(s)*						
Previo	us names k	nown by (e	g. maiden na	me)			
	f birth D ry of birth	D / M	M / Y	ΥΥΥ			
		D / M	<u>M / Y</u>	ΥΥΥ			

SECTION B: Employment/engagement details



To be eligible for general registration for the purposes of teaching and/or assessing as defined in this agreement form you are required to provide evidence of your current or proposed teaching and/or assessing role.

2. What are the details of the organisation at which you will be teaching and/or assessing?



on the public register as your principal place of practice. Principal place of practice

for a registered health practitioner is:

- the address at which you predominantly practise the profession, or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

ite/building (if ap	plicable)					
ddress (e.g. 123 J	AMES AVENU	E; or UNIT 1/	A, 30 JAMES	STREET; or PO	BOX 1234)	
uburb/City/Town						
IDUID/GILY/TOWIT						
ate/Territory (e.g						
mail						
	ntact phone I	number		Mobile		
mail usiness hours co]	Mobile		

SECTION C: Contact information

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Once registered, you can change your contact information at any time.

Please go to www.ahpra.gov.au/login to change your contact details using your online account.

3. What is your residential address?

A	Residential be a PO Bo	address	cannot
U	be a PO Bo	Х.	

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																				_
ddress (e.g	. 123 J/	AMES	S AVE	NUE	; or	UNIT	⁻ 1A,	30	JAM	ES S	TRE	ET)								
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ity/Suburb/	'Town*																	 	 	
tate or terri	tory (e	a VI		ערי.	ntor	nati	nnal	nro	vinc	·o*		Post	cod	7/م	D*					
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4. What are your contact details?

	\mathbf{X}

SECTION D: CPD homes

Registered medical practitioners engaged in any form of practice are required to participate regularly in Continuing Professional Development (CPD) that is relevant to their scope of practice.

You can find the CPD requirements for the medical profession on the Medical Board's website www.medicalboard.gov.au/Professional-Performance-Framework/CPD.aspx

All doctors need a CPD home for their CPD (unless exempt). Read more about CPD homes and find the list of accredited homes here www.medicalboard.gov.au/Professional-Performance-Framework/CPD/About-CPD-homes.aspx

5. Please select your proposed CPD home(s) from the list.

You must have a CPD home

before you commence your

CPD for the current year.

than one.

Mark all options applicable

ACD - Australasian College of Dermatologists RANZCO - Royal Australian and New Zealand You are able to select multiple College of Ophthalmologists CPD homes if you have more ACEM - Australasian College for Emergency Medicine RANZCOG - Royal Australian and New Zealand College of Obstetricians and Gynaecologists ACRRM - Australian College of Rural and Remote RANZCP - Royal Australian and New Zealand Medicine **College of Psychiatrists** ACSEP - Australasian College of Sport and Exercise RANZCR - Royal Australian and New Zealand Physicians **College of Radiologists** ANZCA - Australian and New Zealand College of Anaesthetists RCPA - Royal College of Pathologists of Australasia **CICM - College of Intensive Care Medicine** AMA CPD Home of Australia and New Zealand **CPD** Australia RACDS - Royal Australasian College of Dental HETI Surgeons Osler RACGP - Royal Australian College of General Practitioners Skin Cancer College Australasia **RACMA - Royal Australasian College of Medical** I am a PGY2 doctor in accredited training or Administrators working in a supervised position in a hospital or general practice, so I don't need a CPD home RACP - Royal Australasian College of Physicians for the PGY2 year RACS - Royal Australasian College of Surgeons I have not chosen a CPD home yet, but will do so before I start my CPD

SECTION E: Suitability statement

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to www.medicalboard.gov.au/Registration-Standards for further information.

6. Do you commit to completing the requirements for continuing professional development during your period of registration as defined by the organisation at which you will be teaching and/or assessing?

A	For more information, see <i>Continuing profes</i> of this form.	<i>sional development</i> in the	e Information and definit	<i>tions</i> section
U	of this form.			

S	X	

YF

NO

SECTION F: Consent



Before you sign and date this form, make sure that you have answered all the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form.

I agree to:

- restrict my practice to the provision of teaching, academia and/or assessing as defined below and will not provide any healthcare or medical opinion in respect of the physical or mental health of any person, including prescribing, referring or undertaking any clinical care or clinical assessment, and
- a notation being published on the public register as follows:
 '<Applicant> has voluntarily agreed to restrict his/her practice to teaching and/or assessing and will not provide any health care or opinion in respect of the physical or mental health of any person. <Applicant> agrees to not prescribe, refer or undertake any clinical care or clinical assessment.'

I understand that teaching and/or assessing means the provision of services as part of an AMC-accredited medical course or assessment process leading to general or specialist registration such as:

- acting as an examiner for the AMC or specialist colleges
- teaching medical students as part of an accredited medical course, and
- providing administration or management services for an accredited medical course or assessment process.

I consent to (if relevant) any registration currently held by me that is not compatible with the registration type I am applying for, to be surrendered when the registration type I am applying for is granted.

I acknowledge that:

- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I understand that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

I understand Ahpra may verify the accuracy of my registration details, including my date of birth and address, to entities (such as prospective employers) who disclose that information to Ahpra for the purpose of confirming my identity. Ahpra will only do this where the entity seeking the verification has given a legal undertaking they have obtained my consent to this verification.

I confirm that I have read the privacy and confidentiality statement for this form.

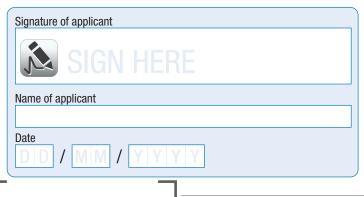
I declare that:

- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in this application and in the documents provided.

I confirm that I am authorised to provide the personal details contained in this form.

I consent to my personal details and information being checked by a third party system to verify and confirm my identity.

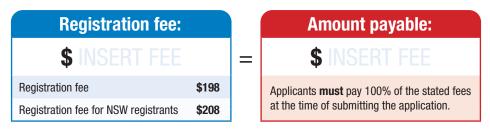
I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.



SECTION G: Payment

You are required to pay a registration fee.

Use the table below to select your registration fee. There is a different registration fee for applicants whose principal place of practice is New South Wales.



Registration period

The annual registration period for the medical profession is from 1 October to 30 September.

The renewal date for the profession is 30 September.

Refund rules

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If you have already paid a registration fee for general registration under the National Law, you will be refunded any difference between the registration fee for this type of registration and the fees already paid once your agreement has been approved.

7. Please complete the credit/debit card payment slip below.

Credit/Debit card payment slip – please fill out	
Amount payable	Name on card Cardholder's signature SIGN HERE
Effective from: 24 March 2025	Page 6 of 7

SECTION H: Checklist

Have the following items been attached or arranged, if required?

Additional doo	cumentation	Attached					
Question 1	Evidence of a change of name	\times					
Question 2	A letter from your current or proposed employer						
Payment							
	Registration fee	\times					

Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at **www.ahpra.gov.au/registration/online-upload**. You may contact Ahpra on 1300 419 495

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/ registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your agreement is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll
- Change of name certificate
- Faxed, scanned or emailed copies of certified documents will not be accepted.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

You must participate regularly in continuing professional development (CPD) relevant to your scope of practice.

CPD must include a range of activities to meet your individual learning needs, including practice-based reflective elements, such as clinical audit, peer-review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning. CPD programs of medical colleges accredited by the Australian Medical Council meet these requirements. You are required to follow the continuing professional development requirements relevant to your practice in the position and as defined by your employer.

For more information, view the full registration standard online at **www.medicalboard.gov.au/Registration-Standards**

PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

RECENCY OF PRACTICE

To ensure that you can practise competently and safely, you must have recent practice in the field in which you intend to work during the period of registration for which you are applying.

To meet the standard, you must have practised within your scope of practice for a minimum total of:

- four weeks full-time equivalent in one year, which is a total of 152 hours, or
- 12 weeks full-time equivalent over three consecutive years, which is a total of 456 hours.

If you have been absent from practice, the specific requirements depend on the field of practice, your level of experience and the length of absence from the field.

If you propose to change your field of practice, the Board will consider whether your peers would view the change as a normal extension or variation in a field of practice, or a change that would require specific training and demonstration of competence.

Practitioners who are unable to meet the Board's registration standard for recency of practice may be required to complete professional development activities, submit a plan for re-entry to practice or other training or assessments.

For more information, view the full registration standard online at www.medicalboard.gov.au/Registration-Standards