Medical Board Ahpra

Application for general and/or specialist registration

For current non-practising registrants

Profession: **Medical**

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

This form is for medical practitioners with non-practising registration who wish to apply for general and/or specialist registration.

The type of registration you are applying for must correspond to the type of registration you previously held with the Medical Board of Australia (the Board) or state or territory legacy Board under a prior Act.

It is important that you refer to the Board's registration standards, codes and guidelines before completing this application. These documents can be found at **www.medicalboard.gov.au**

This application 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

Additional information
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.

Signature required
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: ☒
- **DO NOT send original documents unless specified.**

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 application marked with an asterisk (*) will appear on the public register.

1. What is your name and date of birth?

Title*

MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER SPECIFY

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth D D / M M / Y Y Y Y

If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board. For more information, see *Change of name* in the *Information and definitions* section of this form.

2. What is your registration number?

Registration number*

M E D 0 0 0

3. What are your birth and personal details?

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)

VIC ☐ NSW ☐ QLD ☐ SA ☐ WA ☐ NT ☐ TAS ☐ ACT ☐

Sex*

MALE ☐ FEMALE ☐ INTERSEX / INDETERMINATE ☐

Languages spoken other than English (optional)*

SECTION B: Contact information

4. What are your contact details?

Provide your current contact details below – place an ☒ next to your preferred contact phone number.

Business hours **Mobile**

After hours

Email

5. What is your residential address?

If you are not currently practising, or are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State or territory (e.g. VIC, ACT)**/International province*** **Postcode/ZIP***

Country (if other than Australia)

6. Is the address of your principal place of practice the same as your residential address?

YES ☒ NO ☒ ***Provide your Australian principal place of practice below***

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.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State/Territory* (e.g. VIC, ACT)

Postcode*

7. What is your mailing address?

Your mailing address is used for postal correspondence

☒ My residential address

☒ My principal place of practice

☒ Other ***(Provide your mailing address below)***

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)**/International province**

Postcode/ZIP

Country (if other than Australia)

SECTION C: Registration type

8. Which registration type(s) are you applying for?

The type of registration you are applying for must correspond to the type of registration you previously held with the Board or state or territory legacy Board under a prior Act.

Mark all options applicable to your application

☒ General

☒ Specialist *(Specify the title of your medical specialty and field of specialty practice)*

SECTION D: Registration history

9. What is your health practitioner registration history?

If you have been registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing from **every** jurisdiction outside of Australia in which you are currently, or have previously been registered as a health practitioner **during the past ten years**.

Certificates **must** be dated within three months of your application being received by Ahpra.

Most recent registration

State/Territory/Country

Profession

Period of registration

D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

Additional registration

State/Territory/Country

Profession

Period of registration

D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

If you have been registered outside of Australia, you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state office.
Refer to **www.ahpra.gov.au/About-Ahpra/Contact-Us** for your Ahpra state office address.

Attach a separate sheet if all of your registration history does not fit in the space provided.

SECTION E: Work history

10. What is your full practice history?

It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history.

You **must** attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.

SECTION F: Suitability statements

Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.

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.

11. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?

It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section on page two of this form.

YES ☐ NO ☐

You **must** attach a signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances.

12. Since your last declaration to Ahpra, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to Ahpra?

For more information, see *Criminal history* in the *Information and definitions* section of this form.

If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to **www.ahpra.gov.au/internationalcriminalhistory**.

NO ☐ ***Go to the next question***

YES ☐ ***You are required to:***

- ***obtain an international criminal history check from an approved vendor for each country and provide details below, and***
- ***provide details of the change in your criminal history in a signed and dated written statement.***

Country	Check reference number

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

You **must** attach a signed and dated written statement with details of any change to your criminal history in each of the countries listed and an explanation of the circumstances.

13. Have you continued to use English as your primary language in the past five years?

YES ☐ **I declare that I have continued to use English as my primary language within the past five years.**

NO ☐ **The Board may require you to provide evidence to demonstrate you meet the *Board's English language skills registration standard*.**

You will be required to provide this evidence if you met the requirements of the *English language skills registration standard* on the basis of results from an English language test, and have not declared that you have continued to use English as your primary language.
For more information, refer to **www.ahpra.gov.au/EnglishLanguageSkills**

14. Do you commit to having appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period?

The Board requires all applicants for general registration to have appropriate professional indemnity arrangements in place when practising. Applicants unable to meet this requirement are ineligible for registration. For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

YES ☐ NO ☐

15. Do you meet the recency of practice registration standard?

To meet the standard, medical practitioners must have practised within their scope of practice for a minimum total of:

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

For more information, see *Recency of practice* in the *Information and definitions* section of this form.

YES ☐ NO ☐ ***Go to the next question***

Mark all options applicable to your application – *then go to question 18*

☐ I have practiced a minimum of four weeks full-time equivalent (152 hours) in the last year.

☐ I have practiced a minimum of 12 weeks full-time equivalent (456 hours) over the last three years.

16. Have you previously practised medicine for more than two years?

For more information, see *Practice* in the *Information and definitions* section of this form.

YES ☐ ***Go to the next question*** NO ☐

Mark all options applicable to your application – *then go to question 18*

☐ I have practiced within the last 12 months.

☐ I have not practiced within the last 12 months.

You are required to commence work under supervision in a training position approved by the Board. You **must** attach details of the supervised training position you propose to take up.

17. How long have you been absent from practise?

Choose appropriate option

☐ Less than one year

☐ Between one and three years

You **must** attach evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice.

☐ More than three years

You **must** attach a plan for professional development and re-entry to practice for consideration by the Board. Refer to information relating to re-entry to practice at **www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ**

18. Have you changed the scope of your practice in the previous 12 months?

YES ☐ NO ☐ ***Go to next question***

Attachment required below – then go to next question

You **must** attach details, including any relevant training and assessments undertaken for the Board to consider your application.

19. Will you be changing your scope of practice since you were last practising?

YES ☐ NO ☐

You **must** attach details, including any relevant training and assessments undertaken for the Board to consider your application.

20 Will you be performing exposure-prone procedures in your practice?

Exposure prone procedures (EPPs) are procedures where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissues to the blood of the healthcare worker. These procedures include those where the healthcare worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

The CDNA has developed guidance on exposure-prone procedures in *Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017* available online at **https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en**

You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in *Appendix 2* of the national guidelines.

YES ☐ ***Go to the next question*** NO ☐ ***Go to question 22***

21 Do you commit to comply with the *Australian National Guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses*?

This includes testing for HIV, Hepatitis C and Hepatitis B at least once every three years. Testing for Hepatitis B is not necessary if you have demonstrated immunity to HBV through vaccination or resolved infection.

YES ☐ NO ☐

22. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?

For more information, see *Impairment* in the *Information and definitions* section of this form.

YES ☐ NO ☐

You **must** attach to this application details of any impairments and how they are managed.

23. Is your registration in any profession currently suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?

YES ☐ NO ☐

You **must** attach to this application details of any registration suspension or cancellation.

24. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?

YES ☐ NO ☐

You **must** attach to this application details of any cancellation, refusal or suspension.

25. Has your registration ever been subject to conditions, undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?

YES ☐ NO ☐

You **must** attach to this application details of any conditions, undertakings or limitations.

26. Are you disqualified from applying for registration, or being registered, in any profession in Australia (under the National Law, a corresponding prior Act or a law of a co-regulatory jurisdiction), or overseas?

Co-regulatory jurisdiction means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).

YES ☐ NO ☐

You **must** attach to this application details of any disqualifications.

27. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?

YES ☒ NO ☒

You **must** attach to this application details of any conduct, performance or health proceedings.

SECTION G: Obligations and consent

Before you sign and date this form, make sure that you have answered all of 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. For more information, see the *Information and definitions* section of this form.

Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
   a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
   b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
   c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
   d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
   e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
   f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
   g) a complaint is made about the practitioner to the following entities—
      (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
      (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
      (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
      (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
      (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
   h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
   a) a change in the practitioner's principal place of practice;
   b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
   c) a change in the practitioner's name.

Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
   a) information about whether the practitioner is employed by another entity;
   b) if the practitioner is employed by another entity—
      (i) the name of the practitioner's employer; and
      (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

Consent to nationally coordinated criminal history check

I authorise Ahpra and the Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application.
I acknowledge that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the Board,
- my personal information will be extracted from this form and provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the *Australian Crime Commission Act 2002 (Cth)*,
- my identity information provided with this application will be enrolled with Ahpra to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

Consent

If I provide the Board details of an English language test I have completed, I authorise the Board to use the information I provide to verify those results with the test provider. I understand the test provider may be overseas.

I consent to:

- the Board and Ahpra making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application, an
- (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:

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- 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 undertake to comply with all relevant legislation and Board registration standards, codes and guidelines.

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:

- disclose the date my registration is to commence and future registration details; and
- 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 information or verification has given a legal undertaking they have obtained my consent to these disclosures and this verification.

I confirm that I have:

- met the English language skills pathway requirements indicated on this form, and
- 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 make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

Signature of applicant



Name of applicant

Date

D D / M M / Y Y Y Y

SECTION H: Registration period

28. When are you applying for this application?

☐ Between 1 August and 30 September
You are required to pay a registration fee. Go to Section I: Payment

☐ Between 1 October and 31 July
You are not required to pay any fees with this application. Go to Section J: Checklist

Please note, where you have not paid a registration fee for the current registration period you will be required to pay the registration fee.

SECTION I: Payment

You are required to pay a registration fee.

Use the table below to select your registration fee. Your registration fee depends on your principal place of practice, as applicants whose principal place of practice is New South Wales are entitled to a rebate from the NSW Government.

Registration fee:	
$ INSERT FEE	
Registration fee	**$995**
Registration fee for NSW registrants	**$930**

=

Amount payable:
$ INSERT FEE
Applicants **must** pay 100% of the stated fees at the time of submitting the application.

Registration period
The annual registration period for the medical profession is from 1 October to 30 September.
If your application is made between 1 August and 30 September this year, you will be registered until 30 September next year.

Refund rules
The registration fee will be refunded if the application is not approved.

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

Credit/Debit card payment slip – please fill out

Amount payable
$

Visa or Mastercard number
☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date
M M / Y Y

Name on card

Cardholder's signature
SIGN HERE

SECTION J: Checklist

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

Additional documentation		Attached
Question 1	Evidence of a change of name	☐
Question 9	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	☐
Question 9	A separate sheet with additional registration details	☐
Question 10	Your curriculum vitae	☐
Question 11	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	☐
Question 12	A separate sheet of overseas countries and corresponding ICHC reference number	☐
Question 12	ICHC reference page provided by the approved vendor	☐
Question 12	A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances	☐
Question 16	Details of the supervised training position you propose to take up	☐
Question 17	Evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice	☐
Question 17	A plan for professional development and for re-entry to practice	☐
Question 18	Details of any relevant training and assessments	☐
Question 19	Details of any relevant training and assessments	☐
Question 22	A separate sheet with your impairment details	☐
Question 23	A separate sheet with your current suspension or cancellation details	☐
Question 24	A separate sheet with your previous cancellation, refusal or suspension details	☐
Question 25	A separate sheet with your conditions, undertakings or limitations details	☐
Question 26	A separate sheet with your disqualifications details	☐
Question 27	A separate sheet with your conduct, performance or health proceedings	☐
Payment		
	Registration fee	☐

Please post this form with payment and required attachments to:

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY *(refer below)*

You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at **www.ahpra.gov.au**

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801

Information and definitions

AUSTRALIAN NATIONAL GUIDELINES FOR THE MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH BLOOD BORNE VIRUSES AND HEALTHCARE WORKERS WHO PERFORM EXPOSURE PRONE PROCEDURES AT RISK OF EXPOSURE TO BLOOD BORNE VIRUSES

The Communicable Diseases Network Australia (CDNA) has published these guidelines. The following is a summary of the requirements in the CDNA guidelines:

Healthcare workers who perform exposure prone procedures (EPPs) must take reasonable steps to know their blood-borne virus (BBV) status and should be tested for BBVs at least once every three years. They are also expected to:

- have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition
- have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus acquisition
- cease performing all EPPs if diagnosed with a BBV until the criteria in the guidelines are met, and
- confirm that they comply with these guidelines when applying for renewal of registration if requested by their board.

Practitioners who are living with a blood-borne virus and who perform exposure-prone procedures have additional requirements. They are expected to:

- be under the ongoing care of a treating doctor with relevant expertise
- comply with prescribed treatment
- have ongoing viral load monitoring at the appointed times
- not perform EPPs if particular viral load or viral clearance criteria are not met (see detailed information in the guidelines according to the specific BBV)
- seek advice regarding any change in health condition that may affect their fitness to practise or impair their health
- release monitoring information to the treating doctor
- if required, release de-identified information to the relevant area of the jurisdictional health department/Expert Advisory Committee, and
- if required, release health monitoring information to a designated person in their workplace in the event of a potential exposure incident to assess the requirement for further public health action.

Additional information can be found in the CDNA *Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* available online at **https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en**

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

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**
- 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, 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 in hard copy by mail or in person (not by fax, email, etc). 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**

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 application 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. Refer to the Board's *Continuing professional development registration standard* for details of the requirements which relate to your situation.

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

CRIMINAL HISTORY

Criminal history includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made.

The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession.

You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. You may be required to obtain international criminal history reports.

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

CURRICULUM VITAE

Your curriculum vitae must:

- explain any period since obtaining your professional qualifications where you have not practised and reasons why (e.g. undertaking study, travel, family commitment)
- be in chronological order
- be signed and dated with a statement, 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

It must also contain all the elements defined in Ahpra's standard format for curriculum vitae which can be found at **www.ahpra.gov.au/cv**

IMPAIRMENT

Impairment means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that **detrimentally affects or is likely to detrimentally affect your capacity to practise the profession.** The National Law requires you to declare any such impairments at the time of renewal, including details of the impairment and how it is managed.

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.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You must have PII, or some alternative form of indemnity cover that complies with the Board's standard, for all aspects of your medical practice. Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII - you will need to confirm this with your employer. Medical practitioners are exempt from requiring PII, where the scope of medical practice of an individual medical practitioner does not include the provision of health care or medical opinion in respect of the physical or mental health of any person or where a medical practitioner has statutory exemption from liability or where a medical practitioner is practising exclusively overseas.

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

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**