



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

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

1. What are your name and birth details?



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.

Title*
 MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

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

Date of birth / /

Country of birth



SECTION B: Employment/engagement details

i 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?

i The suburb and postcode of the organisation will appear 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.

Organisation name	
<input style="width: 100%; height: 20px;" type="text"/>	
Site/building (if applicable)	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
Suburb/City/Town	
<input style="width: 100%; height: 20px;" type="text"/>	
State/Territory (e.g. VIC, ACT)	Postcode
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
Authorised contact person	
<input style="width: 100%; height: 20px;" type="text"/>	
Email	
<input style="width: 100%; height: 20px;" type="text"/>	
Business hours contact phone number	Mobile
<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

i You **must** attach to this agreement an original letter from the current or proposed organisation where you will be teaching and/or assessing. The letter must be on the organisation's letterhead and be dated and signed by an authorised person. The letter must also include the following information:

- confirms your name, appointment and position title
- the date you commenced or propose to commence employment in the position
- the period of appointment and employment mode (e.g. full-time, part-time, casual)
- confirms your scope of practice, and
- confirms that the organisation at which you will be teaching and/or assessing will define and monitor your continuing professional development as part of the requirements of your position.

SECTION C: Contact information

3. What is your residential address?

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

Site/building and/or position/department (if applicable)	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
City/Suburb/Town*	
<input style="width: 100%; height: 20px;" type="text"/>	
State or territory (e.g. VIC, ACT)/ International province*	Postcode/ZIP*
<input style="width: 50%; height: 20px;" type="text"/>	<input style="width: 50%; height: 20px;" type="text"/>
Country (if other than Australia)	
<input style="width: 100%; height: 20px;" type="text"/>	



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

SECTION D: 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.

5. 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?

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

YES

NO

SECTION E: 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 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 the attached documents.

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

Signature of applicant



SIGN HERE

Name of applicant

Date

/ /



SECTION F: Payment



You are required to pay a registration fee.

Your required payment is detailed below

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:	=	Amount payable:
\$ INSERT FEE		\$ INSERT FEE
Registration fee \$145		Applicants must pay 100% of the stated fees at the time of submitting the application.
Registration fee for NSW registrants \$143		



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

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 of \$135 for this type of registration and the fees already paid **once your agreement has been approved**.

6. How are you paying your fee?



Payment by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank. A receipt will be provided.

Mark one box below only



Visa or MasterCard
Complete credit/debit card payment slip below



Cash/EFTPOS
(only available if paying in person)



Cheque/Money order/Bank draft



You **must** attach your cheque, money order or bank draft **payable to the Australian Health Practitioner Regulation Agency**.



On the back of the cheque, money order or bank draft, you **must** write:

- your full name
- your date of birth, and
- your AHPRA registration number (if you have one).

Credit/Debit card payment slip – please fill out

Amount payable

Visa or MasterCard number

Expiry date

Name on card

Cardholder's signature

SIGN HERE



SECTION G: Checklist

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

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 2	A letter from your current or proposed employer	<input type="checkbox"/>
Payment		
	Registration fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	<input type="checkbox"/>

Information and definitions

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 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.

REGENCY 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 regency 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

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
 Adelaide SA 5001

Canberra ACT 2601
 Perth WA 6001

Melbourne VIC 3001
 Hobart TAS 7001

Brisbane QLD 4001
 Darwin NT 0801