Medical Board of Australia | AHPRA

Application for limited registration for area of need

Profession: **Medical**

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

This form is for applications submitted from 4 January 2016.

This form is for international medical graduates (IMG) to apply for limited registration to provide medical services in general and hospital practice in Australia in an area of need as defined under section 67(5) of the National Law. Applicants granted registration on this basis must not practise the profession other than in the area of need position specified in the certificate of registration.

The Medical Board of Australia (the Board) will assess whether the applicant's qualifications and experience are relevant to, and suitable for, the practice of the profession in the area of need.

IMGs who qualify for provisional/general registration via the competent authority pathway are **not** eligible to apply for limited registration and should **not** apply for registration using this form. You must complete form *APRI-30 Application for provisional registration - for Australian Medical Council Certificate holders or applicants via the competent authority pathway*. Information about the competent authority pathway can be found at **www.medicalboard.gov.au**.

This application comprises:

- **Part A:** to be completed by the applicant
- **Part B:** to be completed by the applicant and agent to act on behalf of the applicant (if required)
- **Part C:** to be completed by the employer, and
- **Part D:** to be completed by the applicant.

It is important that you refer to the Board's registration guidelines before completing this application. Registration standards, codes and guidelines 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; 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.

PART A – To be completed by the applicant

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?

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 ☐ 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

2. Are you currently, or were you previously, registered as a medial practitioner under the National Law?

YES ☐ ***Provide your registration number below*** NO ☐

Registration number*

M E D

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 ☐

Languages spoken other than English (optional)*

SECTION B: Proof of identity

You must provide proof of your identity with this application

The minimum requirements for overseas applicants, or those who have recently arrived in Australia, can be found in the AHPRA *Proof of identity requirements* document under the heading *What special circumstances apply to overseas applicants or applicants who have recently arrived in Australia?* This document is available at www.ahpra.gov.au/identity

You are also required to present in person to an AHPRA office or authorised delegate with your proof of identity.

See www.ahpra.gov.au/About-AHPRA/Contact-Us for the list of AHPRA offices.

- You **must** provide evidence from category A, B, and C.
- You **must** only use each document once.
- If your evidence from category C or B does not include your residential address, you **must** also provide evidence from category D.

Please indicate on the chart below which piece of evidence you are submitting for each category and attach the certified or notarised copies of documents to your application.

4. Which documents from each category will you provide for proof of identity?

The documents provided **must** meet the following criteria:

- At least **one** document **must** be in the applicant's current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. For documents translated in Australia, the translator **must** be accredited by NAATI – see **www.naati.com.au** For documents translated overseas, see **www.fit-ift.org** for a list of authorities who provide certified translations. Please refer to *Translating documents* at **www.ahpra.gov.au/translate** for further information.
- Australian birth certificate extracts are **not** accepted.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- All documents **must** be true certified or notarised copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

Choose proof of identity documents to submit: (A document may only be used once for any category)

Documents	Category used: A	B	C	Documents	Category used: A	B	C
Australian passport	☐	☐	☐	Medicare card	NA	NA	☐
Overseas passport with current Aust. visa	☐	☐	☐	PAYG payment summary	NA	NA	☐
Australian birth certificate	☐	NA	☐	Motor vehicle registration	NA	NA	☐
Current Australian visa	☐	NA	☐	Financial institution statement	NA	NA	☐
Australian Armed Services papers	☐	NA	☐	Taxation assessment notice	NA	NA	☐
Travel documents with Aust. visa	☐	NA	☐	Health insurance card	NA	NA	☐
Australian citizenship certificate	☐	NA	☐	Pension card	NA	NA	☐
Australian driver licence	NA	☐	☐	**Category D documents**			
Working with children check card	NA	☐	☐	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
Firearm or shooters licence	NA	☐	☐				
Student ID card	NA	☐	☐				
International driver licence	NA	☐	☐	I have used a Category B or C document that has my current residential address			☐
Proof of age card	NA	☐	☐				
Change of name certificate	NA	NA	☐	Mortgage papers			☐
Australian marriage certificate	NA	NA	☐	Rate notices			☐
Australian divorce papers	NA	NA	☐	Lease or tenancy agreement			☐
Board registration certificate	NA	NA	☐	Utility account			☐
Bank acct. details – credit or ATM card	NA	NA	☐	Electoral enrolment card			☐

You **must** attach a certified copy of **all** proof of identity documents that you have indicated above.

5. What is your residency status within Australia?

☐ Permanent ☐ Temporary **(supply details of visa status below)**

Visa type (if available)

SECTION C: Contact information

6. 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

7. 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)

8. 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***

9. 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 D: Qualification for the profession

In accordance with section 67 of the National Law, to be eligible for limited registration for an area of need you must be able to demonstrate to the Board that you qualify to practise medicine under limited registration in the area of need.

To qualify, you must provide evidence of having been awarded a primary degree in medicine, after completing an approved course of study at a medical school listed in the current International Medical Education Directory (IMED), at **https://imed.faimer.org,** of the Foundation for Advancement of International Medical Education and Research, or other publications approved by the AMC.

An approved course of study means that you must demonstrate that you have completed a medical curriculum of at least four academic years, leading to an entitlement to registration in the country issuing the degree to practise clinical medicine.

The Board's website contains information on approved qualifications and examinations or assessments accepted.

10. What are the details of your primary degree in medicine?

Primary medical qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

You **must** attach an original certified copy of your primary medical degree certificate that indicates completion of a course of study leading to a qualification in medicine.

Attach a separate sheet if all of your academic qualifications and examinations/assessments do not fit in the space provided. You **must** attach evidence of an additional medical qualifications and examinations/assessments.

11. What are the details of your internship (or comparable)?

Where an applicant has provided evidence to the Board previously, documentation will not need to be re-submitted. You may be required to provide evidence of completion of internship if your initial registration in Australia was granted prior to 1 July 2010.

Most recent internship (or comparable)

Name of institution

Country

Start date MM / YYYY

Completion date MM / YYYY

You **must** attach evidence of completion of your internship or comparable if you are applying for initial registration in Australia.

Additional internship (or comparable)

Name of institution

Country

Start date MM / YYYY

Completion date MM / YYYY

You **must** attach evidence of completion of your internship or comparable if you are applying for initial registration in Australia.

Attach a separate sheet if all of your internship details do not fit in the space provided.

12. Do you have any specialist medical qualifications that are relevant to your application?

YES ☒ NO ☒

Most recent specialist qualification

Title of qualification

Awarding body

Completion date MM / YYYY

You **must** attach evidence of specialist qualifications.

Additional specialist qualification

Title of qualification

Awarding body

Completion date MM / YYYY

You **must** attach evidence of specialist qualifications.

Attach a separate sheet if all of your specialist qualification details do not fit in the space provided.

SECTION E: Primary source verification of qualifications

For your application to be considered, you must have applied to the Australian Medical Council (AMC) to have your qualifications verified. The AMC will verify your qualifications through the International Credentials Service of the Educational Commission for Foreign Medical Graduates of the United States (EPIC or EICS verification).
For further information, visit **www.amc.org.au**

13. Have you applied to the AMC to have your qualifications verified?

YES ☒ ***Provide details below***

NO ☒ I am exempt as I am currently registered in another category of registration with the Board and have previously supplied evidence to the Board.

AMC candidate number

SECTION F: Registration history

14. 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 (different to evidence of current registration/practising certificate) or Certificates of Good Standing to be forwarded directly from the registration authority to your AHPRA state or territory office. Refer to **www.ahpra.gov.au/About-AHPRA/Contact-Us** for your AHPRA state or territory office address.

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

SECTION G: Work history

15. 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 H: 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.

16. Do you currently hold registration with the Medical Board of Australia?

YES ☐ ▶ ***Go to the next question***

NO ☐ ▶ ***Go to question 19***

17. 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 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.

18. 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 question 22***

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.***

Provide details below, then go to question 22

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.

19. Do you have any criminal history in Australia?

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 of this form.

YES ☐ ▼ NO ☐

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

20. Do you have any criminal history in one or more countries other than Australia?

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 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 your criminal history in each of the countries listed and an explanation of the circumstances.

21. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?

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***

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.

22. Have you previously been registered to practise as a medical practitioner in Australia and have used English as your primary language within the past five years?

All applicants for **initial registration**, which includes all applicants who have not used English as their **primary language** for a period of greater than five years (as at date of application), must *demonstrate they meet the English language skills registration standard.*

YES I declare I have used English as my primary language within the past five years.
Go to question 27

NO ***Go to the next question***

All applicants must demonstrate English language competency via one of the following pathways:

An evidence requirements guide is available at **www.ahpra.gov.au/EnglishLanguageSkills**.

Recognised country means one of the following countries:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

Combined secondary and tertiary education pathway
You have undertaken and satisfactorily completed:
- at least two years of secondary education that was taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English in a recognised country.

Extended education pathway
You have undertaken and satisfactorily completed at least six years' (full time equivalent) continuous education taught and assessed solely in English, in any of the recognised countries, which includes tertiary qualifications in the profession on which you are relying to support your eligibility for registration under the National Law.

Primary language pathway
With overseas qualification in a non-recognised country
English is your primary language and you have undertaken and satisfactorily completed:
- all of your primary and secondary education taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

English language test pathway
You have achieved the required minimum scores in one of the approved English language tests and meet the requirements for test results specified in the Board's *English language skills registration standard*.

23. Which one of the English language competency pathways do you meet?

AHPRA may verify the information you provide below.

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

- ☐ Combined secondary and tertiary education pathway ▶ ***Provide details of secondary and tertiary education in the table below, then go to question 27***
- ☐ Extended education pathway ▶ ***Provide details of secondary, vocational and tertiary education in the table below, then go to question 27***
- ☐ Primary language pathway ▶ This is a declaration that English is your primary language ***Provide details of primary, secondary and tertiary education in the table below, then go to question 27***
- ☐ English language test pathway ▶ ***Go to question 24***

Complete the following table of education undertaken in chronological order (earliest to most recent):

Timeframe	Level of education	Program name *If applicable*	Education institution *Specify name and address*	Recognised country *If applicable*	Study status
Study commenced: MM/YYYY Study completed: MM/YYYY	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time
Study commenced: MM/YYYY Study completed: MM/YYYY	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time
Study commenced: MM/YYYY Study completed: MM/YYYY	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time

Please attach a separate sheet with any additional details that do not fit in the space provided above.

The qualification that is relied on for registration must have been taught and assessed solely in English. If the Board cannot verify this through the current International Medical Education Directory (IMED) of the Foundation for Advancement of International Medical Education and Research (FAIMER), you may be asked to provide an academic transcript of your medical qualification which confirms that it was taught and assessed solely in English.
Where a transcript is required, if the transcript does not confirm that the course was taught and assessed in English, you will be required to arrange for a letter to be provided directly to AHPRA by the education provider confirming that the course was taught and assessed solely in English.

24. Were your results from the English language tests obtained in one or two sittings?

In certain circumstances, you can use English language test results from a maximum of two test sittings **in a six month period**. For more information, refer to the Board's *English language skills registration standard*.

- ☐ One sitting ▶ ***Provide date of test below, then go to the next question and complete details for one sitting***
- ☐ Two sittings ▶ ***Provide dates below, then go to the next question and complete details for both sittings***

Sitting one DD/MM/YYYY Sitting two DD/MM/YYYY

25. Which of these English language tests have you successfully completed?

Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results.

☒ **International English Language Test System (IELTS) Academic module**

Test report form number – sitting one: [A]

Test report form number – sitting two (if applicable): [A]

The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

☒ **Occupational English Test (OET)**

Candidate number – sitting one: [- -]

Candidate number – sitting two (if applicable): [- -]

The Board requires the OET with a minimum score of B in each of the four components (listening, reading, writing and speaking).

☒ **Pearson Test of English Academic (PTE Academic)**

Registration ID – sitting one:

Registration ID – sitting two (if applicable):

The Board requires the PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

☒ **Test of English as a Foreign Language internet-based test (TOEFL iBT)**

Registration number – sitting one:

Registration number – sitting two (if applicable):

The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.

If your English language test(s) were completed within the past two years, you **must** provide a copy of your test results, including the reference number(s), so that AHPRA can verify your results.
If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.

☒ **NZREX**

☒ **PLAB test**

You **must** provide a certified copy of your English language test results.

26. Were your results from the above-mentioned English language tests obtained in the past two years?

YES ☒ NO ☒

In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced:

- continuous employment as a health practitioner in a recognised country where English was the primary language of practice, **and/or**
- continuous enrolment in an approved program of study.

You **must** lodge this application within 12 months of completing the employment and/or program of study.

You **must** attach a certified copy of your English language test results, **and**:

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a health practitioner in a recognised country (if you are relying on continuous employment over two years in duration, only two years is required), **and/or**
- an academic transcript evidencing that you were enrolled continuously in a Board-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

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

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

YES ☒ NO ☒

28. Are you returning from a temporary absence from practise?

YES ☒ NO ☒ ***Go to question 32***

Choose appropriate option

☒ More than 12 months
Go to the next question

☒ Less than 12 months
Go to question 31

29. Did you previously practice medicine for more than two years?

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

YES ☐ NO ☐ 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.

30. How long have you been absent from practise?

Choose appropriate option

☐ Between one and three years

You **must** attach evidence of having completed the required pro rata continuing professional development.

☐ More than three years

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

31. 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.

32. Have you changed the scope of your practice in the previous twelve months?

YES ☐ NO ☐

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

33. 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.

34. 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.

35. 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 or refusal.

36. 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.

37. 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.

38. 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 I: Registration pathway

International medical graduates (IMGs) whose medical qualifications are from a medical school outside of Australia or New Zealand must provide evidence of eligibility to undertake one of the following assessment pathways: More information on the pathways is available on the Board's website at: **www.medicalboard.gov.au/Registration/International-Medical-Graduates.aspx**

39. What is your registration pathway?

☐ Specialist Pathway
Go to the next question

☐ Standard Pathway
Go to question 44

40. What type of position do you intend to undertake?

☐ General practice
Go to the next question

☐ Hospital practice
Go to question 42

41. Have you been assessed by the relevant specialist medical college (Royal Australian College of General Practitioners (RACGP) or Australian College of Rural and Remote Medicine (ACRRM)) for the area of need position?

YES ☐ AHPRA will access the outcome of your assessment directly from the college
Go to question 43

NO ☐ You are not yet eligible to apply for limited registration for area of need

42. Have you been assessed by the relevant specialist medical college for the area of need position?

YES ☐ AHPRA will access the outcome of your assessment directly from the college
Go to the next question

NO ☐ You are not yet eligible to apply for limited registration for area of need

43. Are you also aiming for specialist recognition?

YES ☐ You must have been assessed by the relevant specialist medical college. AHPRA will access the outcome of your assessment directly from the college.
Go to Section J: Details of the position

NO ☐ ***Go to Section J: Details of the position***

44. Have you successfully completed the AMC Multiple Choice Questionnaire (MCQ) examination?

YES ☒

Date AMC MCQ examination completed

D D / M M / Y Y Y Y

You **must** attach to this application evidence of successful completion of the AMC MCQ examination.

NO ☒ You are not eligible for registration under the Standard Pathway if you have not successfully passed the AMC MCQ examination.

45. Have you satisfactorily completed a PESCI?

IMGs on the standard pathway may be required to complete a Pre-employment Structured Clinical Interview (PESCI). The PESCI is an assessment of your clinical experience, knowledge, skills and attributes by an assessment body accredited by the Australian Medical Council. The assessment process consists of a structured interview, referee checks and a fee. Please enquire at your AHPRA office as to whether you need to complete a PESCI. Note: A PESCI is specific to the position.

YES ☒

Date PESCI completed

D D / M M / Y Y Y Y

You **must** ensure that a copy is provided to AHPRA by the approved and accredited PESCI provider.

NO ☒

Choose appropriate option

☒ I require a PESCI to be organised (Standard Pathway applicants only)

☒ My position does not require a PESCI

SECTION J: Details of the position

46. What is the position description?

You **must** attach a position description including:

- key selection criteria addressing clinical responsibilities, and
- qualifications and experience required (obtained from your employer).

47. What are the details of the area of need in which you will work?

You **must** attach evidence of an area of need declaration for the geographical area and/or type of health service, for which there is a need, from the responsible Minister for Health or delegate in the jurisdiction in which the designated area of need position is located.

48. When is your proposed commencement date?

☒ On the date of the Board's approval

☒ On the below date, or the date of the Board's approval, whichever is the latter

Date

D D / M M / Y Y Y Y

49. How many months do you require the initial limited registration (maximum of 12 months)?

Months

SPECIFY

SECTION K: 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

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.

I authorise the Board to obtain my criminal history in Australia and overseas.

I understand 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 the Board, and
- information will be extracted from this form and used for the purpose of criminal history checking. This information may be used by Australian police services for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge that:

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

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 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



Name of applicant

Date

D D / M M / Y Y Y Y

PART B – To be completed by the applicant and appointed agent (if applicable)

SECTION L: Third party to act on behalf of applicant

Under the *Privacy Act 1988* (Cth), the Board is generally not permitted to disclose personal information about an applicant to a third party. An applicant may authorise a third party (agent) to communicate with the Board and/or act on behalf of the applicant, by completing the following details.

50. Do you wish to appoint an agent to communicate/act on your behalf in relation to this application?

An agent can be an employer, sponsor, recruitment agent or any other individual authorised by the applicant to act on their behalf in relation to this application.

YES ☒ ***Complete applicant authorisation and arrange for agent to complete agent authorisation***

NO ☒

Applicant authorisation

I authorise my agent to (mark one or more as required):

☒ communicate with the Board on my behalf regarding the processing and progress of my application. (The agent and the Board may communicate by telephone, fax, email or written correspondence)

☒ undertake any other action reasonably necessary for the processing of my application on my behalf (except signing and lodging applications forms, which must be completed by the applicant), and

☒ receive all formal correspondence from the Board in relation to this application.

Date D D / M M / Y Y Y Y

Signature of applicant SIGN HERE

Agent authorisation

AGENT TO COMPLETE: I consent to act as agent of the registrant named below.

Full name of agent

Full name of applicant

Agent contact details

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

Business hours

Mobile

Email

Date D D / M M / Y Y Y Y

Signature of agent SIGN HERE

PART C – To be completed by the employer

SECTION M: Sponsor employer details

51. What are the details of the sponsor contact?

A sponsor contact person (e.g. the name of the human resource manager/practice manager) and email address must be provided for receipt of correspondence.

Name of sponsor organisation

Title of sponsor contact

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

Family name of sponsor contact

First given name of sponsor contact

Position title of sponsor contact

Email

Business hours contact phone number

Site/building (if applicable)

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

Suburb/City/Town

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

Postcode

52. What are the details of the employer sponsor?

The employer sponsor must be a medical practitioner.

Name of employer sponsor (must be a medical practitioner)

Email

Business hours contact phone number

Registration number MED

Site/building (if applicable)

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

Suburb/City/Town

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

Postcode/ZIP

Employer sponsor's declaration – *To be completed and signed by the employing practice sponsor*

I declare that the information provided in this document (including supervision and training details) is true and correct.
I confirm that the doctor (applicant) named below has been formally offered the position as described in this application.

Name of employer sponsor (authorised medical practitioner)

Name of applicant

Employer sponsor's registration number

Signature of employing practice sponsor

SIGN HERE

Date

D D / M M / Y Y Y Y

SECTION N: List of sites

Provide the name and address of each site for which limited registration is required to provide general practice services in an area of need. Board approval does not provide access to a Medicare provider number.

53. What are the names and addresses of all sites of practice for which limited registration is being sought?

Site 1

Full name of hospital/practice/clinic

Site/building (if applicable)

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

Suburb/City/Town

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

Postcode

Contact person

Phone number

Opening hours H H : M M to H H : M M

Site 2

Full name of hospital/practice/clinic

Site/building (if applicable)

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

Suburb/City/Town

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

Postcode

Contact person

Phone number

Opening hours H H : M M to H H : M M

54. What type of position is being undertaken by the applicant?

☒ General practice
Go to the next question

☒ Hospital practice
Go to Section O: Supervisor details

55. Who are the current doctors working at the practice?

Current doctor
Name

Registration number
M E D

Sessions per week

Current doctor
Name

Registration number
M E D

Sessions per week

Current doctor
Name

Registration number
M E D

Sessions per week

Current doctor
Name

Registration number
M E D

Sessions per week

56. What are the details of the nurses and other staff?

List number of other staff, job title and whether full-time or part-time

Job title	Number of staff	Full-time	Part-time /Casual

Attach a separate sheet if the details do not fit in the space provided.

57. Generally, what are the details of registered patients?

List details below

Number of patients

General age

Ethnic background

SECTION O: Supervisor details

58. What are the details of the principal supervisor?

International medical graduates eligible for limited registration must meet supervision requirements as outlined in the Board's *Guidelines - Supervised practice for international medical graduates.*

Provide principal supervisor contact details below

MR ☒ MRS ☒ MISS ☒ MS ☒ DR ☒ OTHER SPECIFY

Family (legal) name

First given name

Registration number M E D

Position

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

City/Suburb/Town

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

Postcode

Business hours contact phone number

Mobile

Email

You **must** complete and attach a supervised practice plan, in accordance with the Board's *Guidelines - Supervised practice for international medical graduates.*

Refer to *Supervised practice plan* template at **www.medicalboard.gov.au/Registration/Forms** and also to the *Guidelines - Supervised practice for international medical graduates* available at **www.medicalboard.gov.au/Registration/International-Medical-Graduates/supervision**

Principal supervisor's undertaking – *To be completed and signed by the principal supervisor*

I undertake to be the applicant's principal supervisor, to provide supervision in accordance with the Board's Guidelines and to provide a level of supervision as stated in accordance with the Board approved supervision plan and as otherwise determined from time to time by the Board.

I further agree to:

- ensure as far as possible, that the IMG is practising safely and is not placing the public at risk
- observe the IMG's work (or where applicable, delegate the observation of day-to-day work to appropriately qualified co-supervisors), conduct case reviews, periodically conduct performance reviews and address any problems that are identified
- ensure that any term co-supervisors that I appoint that are delegated the day-to-day supervision meet the requirements set in the Board's guidelines (this is only applicable to DMS or DCT (or equivalent) in a hospital setting)
- ensure before I delegate supervision to a temporary co-supervisor, that he/she has general and/or specialist registration and is appropriately experienced to provide the supervision
- notify the Board immediately if I have concerns about the IMG's clinical performance, health or conduct or if the IMG fails to comply with conditions, undertakings or requirements of registration
- ensure that the IMG practises in accordance with work arrangements approved by the Board
- ensure that Board approval has been obtained for any proposed changes to supervision or work arrangements before they are implemented
- inform the Board if I am no longer able or willing to undertake the role of the IMG's supervisor
- provide reports to the Board in a form approved by the Board including an orientation report and a work performance report after three months initial registration and work performance reports at renewal or new application or at subsequent intervals as determined by the Board
- complete the online education and assessment module (login details will be provided after the supervision arrangements have been approved).

Name of principal supervisor

Signature of principal supervisor

SIGN HERE

Date D D / M M / Y Y Y Y

PART D – To be completed by the applicant

SECTION Q: Payment

You are required to pay **both** an application fee and a registration fee.

Your required payment is detailed below:

Use the table below to select your application fee and 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.

Application fee:		Registration fee:		Amount payable:
$724	+	**$** INSERT FEE Registration fee **$724** Registration fee for NSW registrants **$638**	=	**$** INSERT FEE Applicants **must** pay 100% of the stated fees at the time of submitting the application.

Refund rules

The application fee is non-refundable. The registration fee will be refunded if the application is not approved.

59. How are you paying your fees?

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

M M / Y Y

Name on card

Cardholder's signature

SIGN HERE

SECTION R: Checklist

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

Additional documentation		Attached
Question 1	Evidence of a change of name	☐
Question 4	Certified copies of all documents that provide sufficient evidence of your identity	☐
Question 10	Certified copies of **all** of your relevant academic qualifications	☐
Question 10	A separate sheet with additional qualifications	☐
Question 11	Evidence of completion of your internship or comparable	☐
Question 11	A separate sheet with additional internship details	☐
Question 12	Evidence of your specialist qualifications	☐
Question 12	A separate sheet with additional specialist qualification details	☐
Question 14	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	☐
Question 14	A separate sheet with registration details	☐
Question 15	Your curriculum vitae	☐
Questions 17 & 19	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	☐
Questions 18 & 20	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	☐
Questions 18 & 20	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	☐
Questions 18, 20 & 21	ICHC reference page provided by the approved vendor	☐
Question 21	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	☐
Question 23	A separate sheet with any additional qualification details	☐
Question 23	Transcript(s)/letter(s) from the education provider confirming that your course was taught and assessed solely in English	☐
Question 25	Copy of your English language test results	☐
Question 26	Certified copy of your English language test results	☐
Question 26	Evidence of continuous employment as a health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	☐
Question 29	Details of the supervised training position you propose to take up	☐
Question 30	Evidence of having completed the required pro rata continuing professional development	☐
Question 30	A plan for professional development and for re-entry to practice	☐
Questions 31 & 32	Details of the training and assessments	☐
Question 33	A separate sheet with your impairment details	☐
Question 34	A separate sheet with your current suspension or cancellation details	☐
Question 35	A separate sheet with your previous suspension, cancellation or refusal details	☐
Question 36	A separate sheet with your conditions, undertakings or limitations details	☐
Question 37	A separate sheet with your disqualification details	☐
Question 38	A separate sheet with your conduct, performance or health proceedings	☐
Question 44	Details of your successful completion of the AMC MCQ examination	☐
Question 45	A copy of you PESCI has been requested from the approved and accredited PESCI provider	☐
Question 46	A position description	☐
Question 47	Evidence of an area of need declaration for the geographical area and/or type of health service for which there is a need	☐
Question 56	A separate sheet with additional nurse and staff details	☐
Question 58	A supervised practice plan	☐
Payment		
	Application fee	☐
	Registration fee	☐
	If paying by cheque/money order/bank draft, your name is written on the back	☐

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 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.

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**

ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence of English language skills that meet the Board's *English language skills registration standard* which can be found at **www.medicalboard.gov.au/Registration-Standards**

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 professional indemnity insurance (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.
Where the scope of medical practice of an individual medical practitioner does not include the provision of healthcare or medical opinion in respect to the physical or mental health of any person, PII is not required for the purposes of registration.
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.
The specific requirements for recency 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**

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