Medical Board Ahpra

Application for provisional registration

For Australian and New Zealand medical school graduates

Profession: **Medical**

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

This form is to be used by Australian and New Zealand medical school graduates applying for provisional registration to undertake a period of internship in Australia under section 62 of the National Law as a prerequisite for general registration in Australia.

It is important that you refer to the Medical Board of Australia's (the Board) 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.

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?

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 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: Proof of identity

You must provide proof of your identity with this application. Please refer to the *Proof of identity requirements* available at **www.ahpra.gov.au/identity**.

You **must** provide one document from each category A, B and C, and one document from category D if the document supplied for category B or C does not contain evidence of a current Australian residential address.

3. Are you applying for registration from outside of Australia AND unable to provide evidence from each category?

If you are applying for registration from outside of Australia and are unable to provide evidence from each category, you will be required to meet the minimum identity requirements. Refer to **www.ahpra.gov.au/identity** for further information.

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

Attachment required below – then go to Section C: Contact information

You **must** attach a certified copy of a foreign passport (an EU card is not acceptable).

Your certified copy **must** include:

- a certified copy of the identity information page (the photo page), and
- an official English translation of your passport (if your passport is in a language other than English). Please refer to *Translating documents* at **www.ahpra.gov.au/translate** for further information.

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

You **must** only use each document once.

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. Please refer to *Translating documents* at **www.ahpra.gov.au/translate** for further information.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- All documents **must** be true certified 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
Australian birth or adoption certificate	☐	NA	☐
Australian visa (Foreign passport must be selected as evidence for Category B)	☐	NA	☐
ImmiCard	☐	NA	☐
Australian citizenship certificate	☐	NA	☐
Australian passport	☐	☐	☐
Australian motor vehicle licence	NA	☐	☐
Foreign passport	NA	☐	☐
Australian Working with Children/ Vulnerable People Card	NA	☐	☐
Australian firearms or shooter's licence	NA	☐	☐
Australian student ID card	NA	☐	☐
Intl. or foreign motor vehicle licence	NA	☐	☐
Australian proof of age card	NA	☐	☐
Australian government benefits	NA	NA	☐
Australian academic transcript	NA	NA	☐
Australian registration certificate	NA	NA	☐

Documents	Category used: A	B	C
Australian financial institution account	NA	NA	☐
Australian Medicare card	NA	NA	☐
Australian PAYG payment summary	NA	NA	☐
Australian motor vehicle registration	NA	NA	☐
Australian Taxation Assessment Notice	NA	NA	☐
Australian insurance policy	NA	NA	☐
Australian pension/healthcare card	NA	NA	☐

Category D documents

A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.

I have used a Category B or C document that has my current residential address ☐

Australian rate notice ☐

Current Australian lease or tenancy agreement ☐

Australian utility account ☐

Australian electoral enrolment card ☐

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

SECTION C: Contact information

Once registered, you can change your contact information at any time. Please go to **www.ahpra.gov.au** and

- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
- log in to your Ahpra account to change your details online.

5. 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

6. 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)

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

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.

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

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*

8. 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 62 of the National Law, to be eligible for provisional registration you must be qualified for general registration in the health profession. Section 53 of the National Law states that to be qualified you must hold either:

(a) an approved qualification for the health profession

(b) a qualification that the National Board considers to be substantially equivalent, or based on similar competencies to an approved qualification

(c) a qualification, not referred to in (a) or (b), relevant to the health profession and have successfully completed an examination or other assessment required by the National Board for the purpose of general registration in the health profession, or

(d) a qualification, not referred to in (a) or (b), that under the National Law, or a corresponding prior Act, qualified you for general registration in the health profession and you were previously registered on the basis of holding that qualification.

The Board's website contains information on approved qualifications accepted under point (a) and examinations or assessments accepted under point (c) above.

9. What are the details of your degree in medicine?

If you have recently graduated from and Australian university and are yet to have your degree conferred, you are unable and therefore not required to provide a copy of your degree certificate with your application.

Your application will be processed when the Board receives advice direct from the relevant university that you have met the requirements of the course and are entitled to the qualification.

Primary medical degree

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

If you have received your academic qualification, 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.

SECTION E: Registration history

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.**

10. Have you ever been registered as a health practitioner?

YES ▶ ***Go to the next question*** NO ▶ ***Go to Section H: Suitability statements***

11. 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 your registration history does not fit within the space provided.

SECTION F: Purpose of provisional registration

12. Have you satisfactorily completed a medical internship overseas?

YES ▶

Provide details of your internship (or comparable) below – then go to the next question

Name of institution

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

You **must** attach evidence of completion of your internship or comparable.

NO ▶ If you are granted provisional registration, you must undertake an accredited internship in Australia.
Go to Section H: Suitability statements

13. Have you secured a supervised practice position in Australia?

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

Read the information below – *then go to Section G: Work history*

Your application will be considered without supervision arrangements. If you are granted provisional registration, you will need to submit the details of a supervised practice position before commencing practice in Australia.

14. What is the title of the position for which provisional registration is being sought?

Title of the position

You **must** attach a position description including:
- key selection criteria addressing clinical responsibilities, and
- qualifications and experience required (this should be obtained from the employer).

15. What is the proposed start date of your position?

You **must** not commence practice in this position until you receive notification that you have been granted provisional registration.

Commencement date

D D / M M / Y Y Y Y

16. What are the details of your proposed employer?

Name of employer sponsor (must be a medical practitioner)

Email

Business hours contact phone number

Registration number

M E D

Site/building (if applicable)

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

City/Suburb/Town*

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

Postcode*

You **must** attach an offer of employment from your proposed employer. The offer must be on the employer's letterhead, be signed and dated by an authorised person and must also confirm your:
- name
- position title
- proposed position commencement date
- employment mode (e.g. full-time, part-time and hours per week, casual and hours per week), and
- proposed supervisor(s).

17. What are the details of your proposed supervisor?

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** attach a supervised practice plan, signed by you and all of your proposed supervisor(s), which includes:

- your name, position title and locations of practice
- your proposed principal supervisor's details, including their full name, registration number, position title, qualifications and practice locations
- details of your proposed co-supervisor(s), if applicable, including each supervisor's full name, registration number, position title, qualifications and practice locations
- learning objectives and recommended training/further professional development
- a summary of how your performance will be assessed
- a description of how supervision will be provided, e.g. direct, onsite, by phone, including frequency and type of meetings with your principal supervisor and availability of your supervisors to provide you assistance
- confirmation from all supervisors to provide you supervision in accordance with the agreement and
- confirmation from your principal supervisor that they will:
  - ensure as far as possible, that you are practising safely and not placing the public at risk
  - observe your work , conduct case reviews, periodically conduct periodical reviews and address any problems that are identified
  - notify the Board if they have any concerns about your clinical performance
  - notify the Board if they are no longer able or willing to supervise you
  - provide work performance reports to the Board and
  - ensure that you work in accordance with your approved supervision arrangements, including making sure Board approval has been obtained before commencing any new supervision arrangements before they are implemented.

SECTION G: Work history

18. 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.

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.

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*.

22. 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 26***
- ☐ Extended education pathway ▶ ***Provide details of secondary, vocational and tertiary education in the table below, then go to question 26***
- ☐ 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 26***
- ☐ English language test pathway ▶ ***Go to question 23***

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: M M Y Y Y Y Study completed: M M Y Y Y Y	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ New Zealand ☐ South Africa ☐ United States ☐ Canada ☐ Republic of Ireland ☐ United Kingdom	☐ Full time ☐ Part time
Study commenced: M M Y Y Y Y Study completed: M M Y Y Y Y	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ New Zealand ☐ South Africa ☐ United States ☐ Canada ☐ Republic of Ireland ☐ United Kingdom	☐ Full time ☐ Part time
Study commenced: M M Y Y Y Y Study completed: M M Y Y Y Y	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ New Zealand ☐ South Africa ☐ United States ☐ Canada ☐ Republic of Ireland ☐ United Kingdom	☐ 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 World Directory of Medical Schools, 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.

23. 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 D D / M M / Y Y Y Y Sitting two D D / M M / Y Y Y Y

24. 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 or 350 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.

25. 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 registered 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 registered 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.

26. 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 ☒

27. 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 29***

28. 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 ☐

29. 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.

30. 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.

31. 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.

32. 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.

33. 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.

34. 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: 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.
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

SIGN HERE

Name of applicant

Date

D D / M M / Y Y Y Y

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

SECTION J: 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.

35. 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 applicant

SECTION K: Payment

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

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:
$300	+	$ INSERT FEE	=	$ INSERT FEE
		Registration fee $490		Applicants **must** pay 100% of the stated fees at the time of submitting the application.
		Registration fee for NSW registrants $479		

Registration period
The annual registration period for provisional medical practitioners is 12 months.
If your application is approved you will be registered for 12 months from the date of approval.

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

36. 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 L: Checklist

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

Additional documentation		Attached
Question 1	Evidence of a change of name	☐
Question 3	A certified copy of your foreign passport	☐
Question 4	Certified copies of all documents that provide sufficient evidence of your identity	☐
Question 9	Certified copies of **all** of your relevant academic qualifications	☐
Question 11	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	☐
Question 11	A separate sheet with registration details	☐
Question 12	Evidence of completion of your internship or comparable	☐
Question 14	A position description	☐
Question 16	An offer of employment from your proposed employer	☐
Question 17	A supervised practice plan	☐
Question 18	Your curriculum vitae	☐
Question 19	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	☐
Question 20	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	☐
Question 20	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	☐
Questions 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 22	A separate sheet with any additional qualification details	☐
Question 22	Transcript(s)/letter(s) from the education provider confirming that your course was taught and assessed solely in English	☐
Question 24	Copy of your English language test results	☐
Question 25	Certified copy of your English language test results	☐
Question 25	Evidence of continuous employment as a registered 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	A separate sheet with your impairment details	☐
Question 30	A separate sheet with your suspension or cancellation details	☐
Question 31	A separate sheet with your cancellation, refusal or suspension details	☐
Question 32	A separate sheet with your conditions, undertakings or limitations details	☐
Question 33	A separate sheet with your disqualification details	☐
Question 34	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)',
- 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 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**