



Application for general registration (teaching and/or assessing)

For medical practitioners currently holding non-practising registration or individuals whose general registration has lapsed since 1 July 2010

Profession: **Medical**

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

This form is for individuals applying for general registration as a medical practitioner, who:
(a) currently hold non-practising registration, or
(b) have previously held general registration which has been lapsed since 1 July 2010 and who agree to:

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

This form **must not** be used by applicants who meet the following criteria:


- provide teaching and/or academic services and clinical care concurrently
- do **not** hold a qualification leading to registration as a medical practitioner, or
- are visiting overseas academics recruited to teach in an accredited medical school in the short-term – please see the form *Application for limited registration for teaching or research as a medical practitioner – ALTR-30*.

TEACHING AND ASSESSING

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

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

It is important that you refer to the Medical Board of Australia's (the Board) registration standards, codes and guidelines when completing the form. 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. 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: **X**
- **DO NOT send original documents unless specified.**

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

SECTION A: Personal details



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

1. What is your name and date of birth?

Title* MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

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

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.



2. What are your birth and personal details?

Country of birth

City of birth

State of birth (if within Australia)

VIC NSW QLD SA WA NT TAS ACT

Sex*

MALE FEMALE INTERSEX/INDETERMINATE

Languages spoken other than English (optional)*

SECTION B: Contact information



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.

3. 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)

4. What is your mailing address?



My residential address



Other (*Provide your mailing address below*)



Your mailing address is used for postal correspondence

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)



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

SECTION C: Employment/engagement details

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

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

The suburb and postcode of the organisation will appear on the public register as your principal place of practice.

Organisation name

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

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

Suburb/City/Town

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

Postcode/ZIP*

Authorised contact person

Business hours contact phone number

Mobile

Email

You must attach to this application an original letter from the current or proposed organisation at which you will be teaching and/or assessing. The letter must be on the organisation's letterhead, and be dated and signed by an authorised person. The letter must also:

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



SECTION D: Registration history

7. Have you practised as a health practitioner outside Australia during the past 10 years? YES Provide details below NO

i 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

 / / to / /

Additional registration

State/Territory/Country

Profession

Period of registration

 / / to / /


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 your registration history does not fit in the space provided.

SECTION E: Suitability statements

- i** 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.

8. Do you currently hold registration with the Medical Board of Australia? YES Go to the next question NO Go to question 11

9. Since your last declaration to AHPRA, has there been any change to your criminal history in Australia that you have not declared to AHPRA? YES NO



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.



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.



10. 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?

NO Go to question 14

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.

i 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.

Provide details below, then go to question 14

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.

11. 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.

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

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.

i 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.

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.



13. 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?

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

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.

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.

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

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

YES

NO

15. 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.

16. 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.

17. 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.

18. 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.

19. 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.



20. 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 F: 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

I agree to:

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

I understand:

- teaching and/or assessing means the provision of services as part of an AMC or assessment process leading to general or specialist registration such as:
 - acting as an examiner for the AMC or specialist colleges
 - teaching medical students as part of an accredited medical course, or
 - providing administration or management services for an accredited medical course or assessment process.

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 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

 / /

**SECTION G: Payment**

If you have already paid a fee for non-practising registration under the National Law you are **not** required to pay an additional fee. The registration fee for general registration (teaching and/or assessing) is the same as the registration fee for non-practising registration.

Your required payment is detailed below

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

Registration fee:		=	Amount payable:	
\$ INSERT FEE			\$ INSERT FEE	
Registration fee	\$153		Applicants must pay 100% of the stated fees at the time of submitting the application.	
Registration fee for NSW registrants	\$150			

**Registration period**

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

If your application is made between **1 August and 30 September this year**, you will be registered until 30 September **next year**.

Refund rules

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

21. How are you paying your fee?

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

Mark one box below only

Visa or MasterCard
Complete credit/debit card payment slip below



Cash/EFTPOS
(only available if paying in person)



Cheque/Money order/Bank draft



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



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

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

Please post this form with payment and required attachments to:

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

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

Sydney NSW 2001
Adelaide SA 5001

Canberra ACT 2601
Perth WA 6001

Melbourne VIC 3001
Hobart TAS 7001

Brisbane QLD 4001
Darwin NT 0801

Credit/Debit card payment slip – please fill out

Amount payable

\$

Visa or MasterCard number

Expiry date

Name on card

Cardholder's signature



SIGN HERE



SECTION H: Checklist

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

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 6	A letter from the current or proposed organisation at which you will be teaching and/or assessing	<input type="checkbox"/>
Question 7	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
Question 7	A separate sheet with registration details	<input type="checkbox"/>
Questions 9 & 11	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Questions 10 & 12	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
Questions 10 & 12	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	<input type="checkbox"/>
Questions 10, 12 & 13	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question 13	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
Question 15	A separate sheet with your impairment details	<input type="checkbox"/>
Question 16	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
Question 17	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
Question 18	A separate sheet with your conditions, undertakings or limitations details	<input type="checkbox"/>
Question 19	A separate sheet with your disqualification details	<input type="checkbox"/>
Question 20	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
<i>Payment</i>		
	Registration fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	<input type="checkbox"/>

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

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

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

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, AHPRA's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your 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. You are required to follow the continuing professional development requirements relevant to your practice in the position and as defined by your employer.

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

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

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.