




Application for endorsement for acupuncture Profession: Medical

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

This form is for medical practitioners who currently hold, or are applying for, general or specialist registration and who wish to apply for endorsement of registration for acupuncture.

Endorsement of registration can only be granted if general and/or specialist registration is granted.

It is important that you refer to the Medical Board of Australia's (the Board) registration standards before completing this application. Registration standards, codes and guidelines can be found at www.medicalboard.gov.au

 **This application will not be considered unless it is complete and all supporting documentation has been provided.** Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (AHPRA) guidelines. 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.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents unless specified.**



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

SECTION A: Personal details



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

1. What are your name and birth details?

Title*

MR

MRS

MISS

MS

DR

OTHER

Family name*

First given name*

Middle name(s)*

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

Date of birth

 / /

Country of birth



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. Do you currently hold general and/or specialist registration?

YES

NO

I have submitted an application for general and/or specialist registration.

Registration number

M E D

SECTION B: Contact information

3. 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

4. What is your residential address?

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)

SECTION C: Qualification for the endorsement

To be eligible for endorsement under the National Law you must have an approved qualification in acupuncture. The approved qualifications are:

- Graduate Certificate in Medical Acupuncture (Monash University), or
- The Australian Medical Acupuncture College Course, Part One, and
- successful completion of the Fellowship of the Australian Medical Acupuncture College (FAMAC) Part 1 written and clinical examinations.

For further information please refer to www.medicalboard.gov.au/Registration-Standards

5. What are the details of your Board approved qualification in acupuncture?

Approved qualification in acupuncture

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date

/

Completion date

/



You **must** attach evidence that confirms you have successfully completed:

- one of the approved qualifications listed above, and
- the FAMAC part 1 written and clinical examinations.



6. Has your qualification in acupuncture been awarded to you within 12 months of applying for endorsement of registration?



If you have been awarded the approved qualifications in the past 12 months prior to applying for endorsement, you are taken to have complied with the Board's recency of practice registration standard.

YES [arrow icon] Go to Section E: Consent NO [arrow icon] Go to the next question

SECTION D: Suitability statements

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



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.

To ensure that you are able to practise competently and safely, you must have recent practice in the field in which you intend to work (acupuncture). For more information about recency of practice, see the Board's Recency of practice registration standard at www.medicalboard.gov.au/Registration-Standards

YES [arrow icon]



You must attach to your application a signed and dated curriculum vitae that describes your practice history in acupuncture.

NO [arrow icon]



You must attach evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice or a plan for professional development and re-entry to practice in acupuncture for consideration by the Board.

SECTION E: 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.

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, and
failure to complete all relevant sections of this application and enclose all supporting documentation may result in this application not being accepted.

I undertake to comply with all relevant legislation and Board registration standards, codes and guidelines.

I understand that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

I understand AHPRA may verify the accuracy of my registration details, including my date of birth and address, to entities (such as prospective employers) who disclose that information to AHPRA for the purpose of confirming my identity. AHPRA will only do this where the entity seeking the verification has given a legal undertaking they have obtained my consent to this verification.

I confirm that I have read the privacy and confidentiality statement for this form.

I declare that:

- the above statements, and the documents provided in support of this application, are true and correct, and
I am the person named in the attached documents.

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

Signature of applicant



SIGN HERE

Name of applicant

[Text input field for Name of applicant]

Date

[Date input field: DD / MM / YYYY]



SECTION F: Payment



You are required to pay an application fee.

<div style="background-color: #0070C0; color: white; padding: 5px; font-weight: bold;">Application fee:</div> <div style="font-size: 24px; font-weight: bold; margin-top: 10px;">\$103</div>	=	<div style="background-color: #C00000; color: white; padding: 5px; font-weight: bold;">Amount payable:</div> <div style="font-size: 24px; font-weight: bold; margin-top: 10px;">\$103</div> <div style="font-size: 12px; margin-top: 5px;">Applicants must pay 100% of the stated fees at the time of submitting the application.</div>
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Renewal of endorsement
 There is an annual registration fee to apply to renew your registration. If you are granted endorsement of registration for acupuncture, payment of this annual fee includes both your application for registration renewal and the associated endorsement.

Refund rules
 The application fee is non-refundable.

8. How are you paying your fee?

i 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

<input checked="" type="checkbox"/> Visa or MasterCard Complete credit/debit card payment slip below	<input checked="" type="checkbox"/> Cash/EFTPOS (only available if paying in person)
<input checked="" type="checkbox"/> 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).

Credit/Debit card payment slip – please fill out

<p>Amount payable</p> <div style="border: 1px solid #ADD8E6; padding: 5px; font-size: 24px; margin-bottom: 10px;">\$</div> <p>Visa or MasterCard number</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> </div> <p>Expiry date</p> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #ADD8E6; padding: 2px 5px;">M</div> <div style="border: 1px solid #ADD8E6; padding: 2px 5px;">M</div> <div style="border: 1px solid #ADD8E6; padding: 2px 5px;">/</div> <div style="border: 1px solid #ADD8E6; padding: 2px 5px;">Y</div> <div style="border: 1px solid #ADD8E6; padding: 2px 5px;">Y</div> </div>	<p>Name on card</p> <div style="border: 1px solid #ADD8E6; height: 20px; margin-bottom: 10px;"></div> <p>Cardholder's signature</p> <div style="border: 1px solid #ADD8E6; padding: 10px; display: flex; align-items: center;"> <div style="margin-right: 10px;"> </div> <div style="font-size: 24px; color: #ADD8E6; opacity: 0.5;">SIGN HERE</div> </div>
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SECTION G: Checklist

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

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 5	Certified copies of all of your original certificates or other documents indicating completion of a Board approved qualification and evidence of successful completion of the FAMAC part 1 written and clinical examinations	<input type="checkbox"/>
Question 7	Your curriculum vitae	<input type="checkbox"/>
Question 7	Evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope or practice, or a plan for professional development and re-entry to practice in acupuncture for consideration by the Board	<input type="checkbox"/>
Payment		
	Application 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
- Deed poll
- Change of name certificate

Faxed, scanned or emailed copies of certified documents will not be accepted.

CURRICULUM VITAE

Your curriculum vitae **must**:

- describe your work history in relation to the practice of acupuncture
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

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

REGENCY OF PRACTICE

To ensure that you can practise competently and safely, you must have recent practice in the field in which you intend to work during the period of registration for which you are applying.

To meet the standard, you must have practised within your scope of practice for a minimum total of:

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

If you have been absent from practice, the specific requirements depend on the field of practice, your level of experience and the length of absence from the field.

If you propose to change your field of practice, the Board will consider whether your peers would view the change as a normal extension or variation in a field of practice, or a change that would require specific training and demonstration of competence.

Practitioners who are unable to meet the Board's registration standard for recency of practice may be required to complete professional development activities, submit a plan for re-entry to practice or other training or assessments.

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

Please post this form with payment and required attachments to:

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

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

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