




## 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](http://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](http://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](http://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

Phone number input fields with a preference checkbox

Mobile

Mobile phone number input fields with a preference checkbox

After hours

After hours phone number input fields with a preference checkbox

Email

Email address input field

4. What is your residential address?

Residential address cannot be a PO Box.

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

Site/building and/or position/department input fields

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

Address input fields

City/Suburb/Town

City/Suburb/Town input field

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

State or territory input field

Postcode/ZIP

Postcode/ZIP input field

Country (if other than Australia)

Country input field

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:
• 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

Title of qualification input field

Name of institution (University/College/Examining body)

Name of institution input field

Country

Country input field

Start date

Start date input fields (MM / YYYY)

Completion date

Completion date input fields (MM / YYYY)



You must attach evidence that confirms you have successfully completed:

- The Australian Medical Acupuncture College Course, Part One 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  **Go to Section E: Consent**    NO  **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](http://www.medicalboard.gov.au/Registration-Standards)

YES



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

NO



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.

**8. 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://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>

You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in *Appendix 2* of the national guidelines online at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/36D4D796D31081EBCA257BF0001DE6B7/\\$File/nat-guidelines-work-bbv-Oct2019.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/36D4D796D31081EBCA257BF0001DE6B7/$File/nat-guidelines-work-bbv-Oct2019.pdf).

YES  **Go to the next question**    NO  **Go to Section E: Consent**

**9. 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



## 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.

### 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 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.
- 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 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 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



**SECTION F: Payment**

You are required to pay an application fee.

<b>Application fee:</b>	=	<b>Amount payable:</b>
<b>\$109</b>		<b>\$109</b>
		Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.

**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.

**10. 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**

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

**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](http://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

**Credit/Debit card payment slip – please fill out**

<p>Amount payable</p> <div style="border: 1px solid #0070C0; padding: 5px; font-size: 24px; text-align: center;">\$</div> <p>Visa or MasterCard number</p> <div style="border: 1px solid #0070C0; padding: 5px; display: flex; justify-content: space-between;"> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> </div> <p>Expiry date</p> <div style="border: 1px solid #0070C0; padding: 5px; display: flex; justify-content: space-between;"> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> <span style="border: 1px solid #0070C0; width: 20px; height: 20px;"></span> </div>	<p>Name on card</p> <div style="border: 1px solid #0070C0; height: 20px;"></div> <p>Cardholder's signature</p> <div style="border: 1px solid #0070C0; padding: 10px; display: flex; align-items: center;"> <span style="font-size: 24px; color: #0070C0; opacity: 0.5;">SIGN HERE</span> </div>
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## SECTION G: Checklist

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

Additional documentation		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 5	Certified copies of <b>all</b> 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, <b>or</b> 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

### 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 Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* available online at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/36D4D796D31081EBCA257BF0001DE6B7/\\$File/nat-guidelines-work-bbv-Oct2019.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/36D4D796D31081EBCA257BF0001DE6B7/$File/nat-guidelines-work-bbv-Oct2019.pdf)

### 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](http://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](http://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](http://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](http://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](http://www.medicalboard.gov.au/Registration-Standards)