



Application for limited registration for postgraduate training or supervised practice

Profession: Medical

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

This form is to be used by international medical graduates who do not qualify for general or specialist registration and who wish to apply for limited registration to undertake postgraduate training or supervised practice. IMGs who qualify for provisional/general registration via the competent authority pathway are **not** eligible to apply for limited registration and should **not** apply for registration using this form. You must complete form *APRI-30 Application for provisional registration - for Australian Medical Council Certificate holders or applicants via the competent authority pathway.* Information about the competent authority pathway can be found at **www.medicalboard.gov.au**.

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. See *Certifying documents* in the *Information and definitions* section of this form. If you have provided documentation to the Board previously, that is not for single use or time limited, documentation will not need to be re-submitted. You may be required to provide information if your initial registration in Australia was granted prior to 1 July 2010.

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.

A

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.

 What is your name and date of birth?

Title* Family	MR Name*	MRS 🔣	MISS 🔀	MS 🔀	DR 🔀	OTHER	S	PECIFY		
First g	iven name*									
Middle name(s)*										
Previous names known by (e.g. maiden name)										
Date of birth DD / MM / YYYY										
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 <i>Change of name</i> in the <i>Information and definitions</i> section of this form.										

ALPS-30	
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2. Are you currently, or were you YES Provide your registration number below NO X previously, registered as a medical practitioner under the Registration number* **National Law?** M E D 3. What are your birth and **Country of birth** personal details? City/Suburb/Town of birth State/Territory of birth (if within Australia) VIC X NSW X QLD X WA 🔀 NT 🔀 TAS X ACT 🔀 SA X Sex* MALE FEMALE X 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.

4. 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.



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

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

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.

5.	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.

Documents		gory	used:	Documents	Category used:						
Documents	Α	В	С	Documents	Α	В	C				
Australian birth or adoption certificate	\times	NA	\times	Australian financial institution account	NA	NA	\times				
Australian visa (Foreign passport must	\sim	NA		Australian Medicare card	NA	NA	\times				
be selected as evidence for Category B)		IVA		Australian PAYG payment summary	NA	NA	\times				
ImmiCard	\times	NA	\times	Australian motor vehicle registration	NA	NA	\times				
Australian citizenship certificate	X	NA	\times	Australian Taxation Assessment Notice	NA	NA	\times				
Australian passport	X	X	X	Australian insurance policy	NA	NA	\times				
Australian motor vehicle licence	NA	X	\times	Australian pension/healthcare card	NA	NA	\times				
Foreign passport	NA	\times	X	Category D documents							
Australian Working with Children/ Vulnerable People Card	NA	A document from Category D is only re Category B or C document does not pr									
Australian firearms or shooter's licence	NA	X	X	of your residential address.							
Australian student ID card	NA I have used a Category B or C documen				that						
Intl. or foreign motor vehicle licence	NA	X	X	my current residential address							
Australian proof of age card	NA	X	\times	Australian rate notice							
Australian government benefits	NA	NA	\times	Current Australian lease or tenancy agreement							
Australian academic transcript	ustralian academic transcript NA NA 🖂 Austral						X				
Australian registration certificate	NA	NA	\times	Australian electoral enrolment card							

What is your residency status within Australia?

Current residency status	
Permanent Australian resident	Temporary resident (Supply details of visa status below)

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

indicated above.

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SECTION C: Contact information

7.	What	are	your	contact	details	2
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Provide your current contact details	below – place an 🗶	next to your preferred co	ontact phone number.
Business hours		Mobile	
After hours			
	\boxtimes		
Email			

8. 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.

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ss (e.g.	123 JAI	MES A	/ENUI	; or	UNIT	1A,	30	JAM	ES S	STRE	ET)						
uburb/1	own*																
ubuib/ i	01111																
or territ	ory (e.g	. VIC, A	ACT) /I	nter	natio	onal	pro	vinc	e*		Post	code	e/ZIF) *			
			,]								
ry (if otl	ner thai	n Aust	ralia))													

9. 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.

/ES 🔀	NO	X	Provid	e your A	ıstralia	n princ	cipal p	lace o	f practi	ice beloi	w
Site/building and/or position	on/department	(if ap	plicable	e)							
											_
Address (e.g. 123 JAMES AV	/ENUE; or UNIT	1A, 30	JAMES	STREET)							
Oite (Outeral /Tours											
City/Suburb/Town*											
State/Territory* (e.g. VIC, AC	CT)			Pos	stcode'	k .			\ 		

10. What is your mailing address?

A		Υ
Q.	7	f

Your mailing address is used for postal correspondence

	X		Му	residential	addre
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X

My principal place of practice

X

Other (Provide your mailing address below)

e/buildii	ng and/	or posi	ition/de	partme	ent (if a _l	pplicab	le)							
														Ī
							_						_	_
		_					_						_	Ŧ
dress/P	D Box (e	.g. 123	JAMES	S AVENU	E; or UN	JIT 1A, 3	30 JAN	ES STR	EET; o	r P0 B0	X 123	4)		
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//Subur	b/Town													
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te or te	ritory (e.g. VIC	, ACT) /I	nternat	ional p	rovince		Postco	de/ZIF	•				
														Т
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untry (if	other tl	nan Au	stralia))										
														Т

SECTION D: Qualification for the profession



In accordance with section 66 of the National Law, to be eligible for limited registration for postgraduate training or supervised practice you must demonstrate to the Board that you qualify to practise medicine under limited registration in the health profession. To qualify, you must provide evidence of having been awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in both the Australian Medical Council directory, at www.amc.org.au/assessment/list-of-medical-schools and the World Directory of Medical Schools, at https://search.wdoms.org, or other publications approved by the Australian Medical Council and/or the Board.

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

Visit www.medicalboard.gov.au for information on approved qualifications and examinations/assessments that are accepted.

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



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

Primary medical degree					
Title of qualification					
Name of institution (University/College/Examining body)					
Country					
Start date Completion date					
MM/YYYY MM/YYYY					
You must attach an original certified copy of your primary medical degree certificate that indicates completion of a course of study leading to a qualification in medicine.					



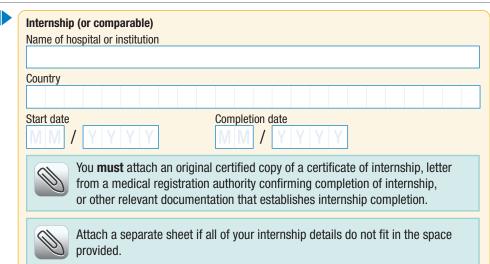
Attach a separate sheet if all of your qualification details do not fit in the space provided.

12. Have you undertaken an internship (or comparable)?



Applicants are required to provide evidence of successful completion of a medical internship or comparable. However, there is an exemption to this requirement if you can secure an accredited internship position in Australia.

You are strongly advised to complete an internship or comparable in the country of graduation before you apply for registration in Australia as priority for accredited medical internship positions in Australia is given to Australian graduates. You are likely to find these positions are very difficult to obtain.



YES



You are required to secure an accredited internship position in Australia if you have not completed an internship or comparable in your country of training.

You must attach written confirmation from your proposed employer (on the organisation's letterhead):

- of an offer of employment in an accredited intern position
- that they are aware you have never completed a medical internship
- that they will provide you with the appropriate support and supervision to ensure safe practice if you are granted registration, and
- the employer contact details.

The Board will confirm that the position is an accredited intern position.

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



NO

Most recent specialist qualification Title of qualification Awarding body Completion date You must attach evidence of specialist qualifications.

Additional specialist qualification
Title of qualification
Awarding body
Completion date
You must attach evidence of specialist qualifications.



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

SECTION E: Primary source verification of qualifications



For your application to be considered, you must have applied to have your qualifications verified through the Educational Commission for Foreign Medical Graduates (ECFMG) Electronic Portfolio of International Credentials (EPIC). The Australian Medical Council (AMC) will provide the verification to the Board.

For more information about the process go to the AMC website www.amc.org.au.

14. What is your AMC candidate number?

AMC candidate number													

SECTION F: Registration history

15. What is your health practitioner registration history?



To be eligible for registration you **must** provide evidence of current registration in the overseas locations where you practice.

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
DD/MM/YYYY to DD/MM/YYYY



If you have been registered outside of Australia, you **must** arrange for original Certificates of Registration Status (different to evidence of current registration/practising certificate) or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state or territory office. Refer to **www.ahpra.gov.au/About-Ahpra/Contact-Us** for your Ahpra state or territory office address.



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

SECTION G: Work History

16. 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.

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

YES Go to the next question

NO Go to question 20

18. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra? It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section of this form.



NO NO



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

19. Since your last declaration to Ahpra, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to Ahpra?



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

If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to www.ahpra.gov.au/internationalcriminalhistory

NO Go to question 23



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.

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

20. 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.

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





NO X



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

21. 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



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) rethe approved vendor.	eference page provided by					
	You must attach a signed and dated written statement with detail each of the countries listed and an explanation of the circumstan	-					

22. 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



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.

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



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

I declare I have used English as my primary language within the past five years. Go to question 28



Go to the next question

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



An evidence requirements guide is available at www.ahpra.gov.au/EnglishLanguageSkills. Recognised country means one of the following countries:

- Australia
- Canada

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.

- New Zealand
- Republic of Ireland

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.

- South Africa
- United Kingdom

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.

United States of America.

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.

24. 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

Extended education pathway

Primary language pathway

Provide details of secondary and tertiary education in the table below, then go to question 28

Provide details of secondary, vocational and tertiary education in the table below, then go to question 28

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 28

English language test pathway Go to question 25

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	Recognis If app	Study status	
Study commenced: Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced: Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced: Study completed:	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 online 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.

25. 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

Sitting two

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

	 ,	3	4	 	 -3-
				 	_

Effective	from:	11	September	2023

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

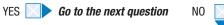
Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results.

		3	, , , , , , , , , , , , , , , , , , , ,
$\left(\times \right)$	International English Language 1 Test report form number – sitting o	Test System (IELTS) Academic module	Test report form number – sitting two (if applicable):
		A	A
	The Board requires the IELTS (acad reading, writing and speaking).		7 and a minimum score of 7 in each of the four components (listening,
	Occupational English Test (OET)		
	Candidate number – sitting one:		Candidate number – sitting two (if applicable):
			components (listening, reading, writing and speaking).
	Pearson Test of English Academi Registration ID – sitting one:		Registration ID – sitting two (if applicable):
	The Board requires the PTE Acaden reading, writing and speaking).	nic with a minimum overall score of 65 and a m	ninimum score of 65 in each of the four communicative skills (listening,
	Test of English as a Foreign Lang Registration number – sitting one:	guage internet-based test (TOEFL iBT)	Registration number – sitting two (if applicable):
	The Board requires the TOEFL iBT v speaking.	with a minimum total score of 94 and the minim	num scores of 24 for listening, 24 for reading, 27 for writing, and 23 for
		est(s) were completed within the past two	years, you must provide a copy of your test results, including
	the reference number(s), s	so that Ahpra can verify your results.	
	If your English language to	est(s) were not completed within the past t	two years, you must provide a certified copy of your results.
	NZREX		
X	PLAB test		
	<u></u>		
	You must provide a certifi	ed copy of your English language test resu	llts.
	Were your results from the	YES NO	
	above-mentioned English language tests obtained	In order for your results to be accented	within 12 months of completing your test(s) you must have commenced:
	in the past two years?	 continuous employment as a registere 	ed health practitioner in a recognised country where English was the
		primary language of practice, and/or • continuous enrolment in an approved	
			2 months of completing the employment and/or program of study.
			y of your English language test results, and : nployer(s) or a professional referee in the required form
			oyment as a registered health practitioner in a recognised
			n continuous employment over two years in duration, only two
		years is required), and/or	encing that you were enrolled continuously in a Board-approved
		•	nenced within 12 months of sitting the English language test, and
		, ,	dy no longer than 12 months before lodging your application.
28	Do you meet the recency	To meet the standard, medical practition	ners must have practised within their scope of practice for a minimum
	of practice registration	total of:	
;	standard?		e registration period, which is a total of 152 hours, or nree consecutive registration periods, which is a total of 456 hours.
			actice in the Information and definitions section of this form.
		YES NO	Go to the next question
		May all autions and inch to the second	akion then up to muching Of
		Mark all options applicable to your applic	
			eks full-time equivalent (152 hours) in the last year.
		THAVE DIACHCED A HIMMIND OF 17 WEEK	s murmue edutvalent (450 nours) over me last Mree Vears

29. Have you previously practised medicine for more than two years?



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





Mark all options applicable to your application - then go to question 31

I have practiced within the last 12 months.



I have not practiced within the last 12 months.



You are required to commence work under supervision in a training position approved by the Board. You **must** attach details of the supervised training position you propose to take up.

30. How long have you been absent from practise?

Choose appropriate option



Less than one year



Between one and three years



You **must** attach evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice.



More than three years



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

31. Have you changed the scope of your practice in the previous 12 months?



NO



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

32. Will you be changing your scope of practice since you were last practising?



NO





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

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



The Board requires all applicants for registration to have appropriate professional indemnity arrangements in place when practising. Applicants unable to meet this requirement are ineligible for registration.

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

YES X



NO

34. 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-onmanaging-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.



Go to the next question

N0



Go to question 36

ALPS-30 35. Do you commit to comply 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. with the Australian National Guidelines for the YES X N0 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? For more information, see *Impairment* in the *Information and definitions* section of this form. 36. Do you have an impairment that detrimentally affects, or is likely to detrimentally NO YES affect, your capacity to practise the profession? You **must** attach details of any impairments and how they are managed. 37. Is your registration in YES NO X any profession currently suspended or cancelled in **Australia (under the National** You **must** attach to this application details of any registration suspension or cancellation. Law or a corresponding prior Act) or overseas? 38. Have you previously had your YES NO registration cancelled, refused or suspended in Australia (under the National Law or a You **must** attach to this application details of any cancellation or refusal. corresponding prior Act) or overseas? 39. Has your registration ever YES NO X been subject to conditions, undertakings or limitations in **Australia (under the National** You **must** attach to this application details of any conditions, undertakings or limitations. Law or a corresponding prior Act) or overseas? 40. Are you disqualified from 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 applying for registration, provided by Divisions 3 to 12 of Part 8 (of the National Law). or being registered, in any profession in Australia YES NO (under the National Law, a corresponding prior Act or a law of a co-regulatory You **must** attach to this application details of any disqualifications. jurisdiction), or overseas? 41. Have you been, or are you YES N0 currently, the subject of conduct, performance or health proceedings whilst You **must** attach to this application details of any conduct, performance or health proceedings.

41. 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?

SECTION I: Details of the position

42. When will your limited registration period begin?

On the date of the Board's approval

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

Commencement date

DD/MM/YYYY

43. How many months do you require limited registration (maximum of 12 months)?

Months SPECIFY

44. What is the title of the position for which limited 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).
- · your offer of employment.

45. What are the details of your training plan?



You **must** attach details of your training plan describing the details of the purpose, anticipated duration, location, content and structure of training and the anticipated date of any examinations or assessments.

For more guidance on training plans and the requirements for demonstrating satisfactory progress towards attaining general or specialist registration, see the Board's Fact sheet *Information on how international medical graduates can demonstrate satisfactory progress towards attaining general or specialist registration* available at **www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ**.

SECTION J: Registration pathway



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

If granted registration, applicants who intend to renew registration three or more times must demonstrate satisfactory progress towards meeting the requirements for general or specialist registration.

For more information, see the Board's Fact sheet *Information on how international medical graduates can demonstrate satisfactory* progress towards attaining general or specialist registration available at **www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ**

46. What is your registration pathway?

Specialist pathway – specialist recognition (comparability assessment)
Go to question 47

Standard Pathway

Go to question 50

Short term training in a medical specialty pathway

Go to question 48

47. Have you been assessed as substantially or partially comparable to an Australian trained specialist by an AMC accredited specialist medical college?

'ES 🔀

You must have been assessed by the relevant specialist medical college as 'substantially comparable' or 'partially comparable'. Ahpra will access the outcome of your assessment directly from the college. **Go to Part B**

IO You are not eligible for registration via this pathway.

You are not eligible for registration via this pathway.

48. Have you submitted your application for assessment by a specialist college of your suitability to undertake shortterm training in Australia?



To apply for assessment by a specialist college, complete the form Application for assessment by a medical college - AAMC-30 which can be found at www.medicalboard.gov.au/Forms.aspx and send it to the relevant specialist college.



The college will forward the completed Application for assessment by a medical college – AAMC-30 form and the outcome of your assessment directly to Ahpra.

Go to the next question

49. Do you confirm that at this time you have no intention of making further applications for



NO

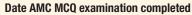
specified training period? 50. Have you successfully completed the AMC Multiple **Choice Questionnaire (MCQ)**

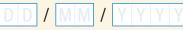
examination?

registration at the end of the



Go to Part B







You must attach to this application evidence of successful completion of the AMC MCQ examination. Please ensure you provide **both** sides of your certificate.

N0

YES



You are not eligible for registration under the Standard Pathway if you have not successfully passed the AMC MCQ examination.

51. Have you satisfactorily completed a PESCI?



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



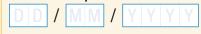
For more information about the PESCI refer to www.medicalboard.gov.au/Registration/International-Medical-Graduates/pesci





Name of PESCI provider

Date PESCI completed



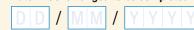


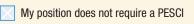
The accredited PESCI provider will provide a copy of the outcome of your PESCI directly to Ahpra.



Choose appropriate option

I have arranged to complete a PESCI on the date below. (Standard Pathway applicants only) Date PESCI arranged to be completed







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

SECTION K: Third party to act on behalf of applicant

YES

NO



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.

52. 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.

Applicant authorisation								
I authorise my agent to (mark one or more as required):								
communicate with the Board on my behalf regarding the (The agent and the Board may communicate by telephone)								
	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 re	lation to this application.							
Date	Signature of applicant							
DD/MM/YYYY	SIGN HERE							

Complete applicant authorisation and arrange for agent to complete agent authorisation

Agent authorisation

AGENT TO COMPLETE: I consent to act as agent of the registrant named below. Full name of agent								
- an manio or agone								
Full name of applicant								
Agent contact details								
Address/P0 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								
Ellidii								
Date DD / MM / YYYYY	Signature of agent SIGN HERE							



PART C – To be completed by the employer

SECTION L: Employer details

53. What are the details of the sponsor contact?



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

Name of sponsor organisation										
Title of sponsor contact										
MR MRS MISS MS DR DR	OTHER SPECIFY									
Family name of sponsor contact										
First given name of sponsor contact										
Position title of sponsor contact										
Email										
Business hours contact phone number										
Site/building (if applicable)										
Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STRE	FET: or PO BOX 1234)									
Autros (c.g. 125 AMEG AVERGE, OF ONE TA, OF SAME OF THE	221, 0110 200 1204)									
Suburb/City/Town										
State/Territory (e.g. VIC, ACT)	Postcode									

54.	What	are	the	details	of	the
	emplo	over	spc	nsor?		



The employer sponsor must be a medical practitioner.

me of employer sponsor (must be a medical prac	titioner)
nail	
isiness hours contact phone number	M E D
gistration number	
te/building (if applicable)	
Idress (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMI	ES STREET; or PO BOX 1234)
shurb/City/Tourn	
burb/City/Town	
ate or territory (e.g. VIC, ACT)/International provinc	e Postcode/ZIP

SECTION M: List of sites

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



Provide the name and address of each site for which limited registration is required to undertake clinical practice.

> Board approval does not provide access to a Medicare provider number.

Ful	l na	ame	of	hos	spita	al/p	racti	ice/d	clini	C												
Site	e/B	uild	ling	(if	app	olica	ble)															
	T																					
Add	dre	ss (e.a.	12	3 J <i>A</i>	ME	S AVI	ENUE	: or	UNI	T 1A	. 30	JAN	IES S	STRE	ET)						
		(0.9.		0 0.				_, 0.	0.11		, 00	07 111									
L																						
City	/S	ubu	rb/	Tov	vn																	
Sta	State/Territory (e.g. VIC, ACT) Postcode																					
Pho	ne	nu	mbe	er																		



Ful	l nar	ne o	f ho	spit	al/p	racti	ce/c	linic	;													
Site	Site/Building (if applicable)																					
																						一
Ado	dress	s (e.ç	g. 12	23 J <i>A</i>	AME	S AVI	ENUE	; or	UNI	Г1А,	, 30	JAM	IES S	STRE	ET)							
City	y/Sul	burb	/To	wn																		
Sta	te/Te	errito	ory	(e.g.	VIC,	ACT)								Pos	tcod	le					
Pho	one r	numl	ber																			



SECTION N: Sponsor employer's declaration

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

Name of applicant	Name of employing practice sponsor (authorised medical practitioner)
Date DD / MM / Y Y Y Y	Registration number M E D
	Signature of employing practice sponsor
	SIGN HERE

SECTION 0: Supervisor details

56. What are the details of the principal supervisor?



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

Provide principal supervisor contact details below								
MR MRS MISS MS DR OTHER SPECIFY								
amily (legal) name								
irst given name								
legistration number								
M E D								
Position								
ddress/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								
mail								



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

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

SECTION P: Principal supervisor's undertaking

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

I further agree to:

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

Name of principal supervisor	Signature of principal supervisor
Date DD / MM / YYYYY	SIGN HERE



PART D – To be completed by the applicant

SECTION Q: 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

 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

- 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.
- 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

- 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
 - 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
 - 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
- 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 $\it Health\ Insurance\ Act\ 1973\ (Cth);$
 - (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

- 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;
 - 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

 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.
- 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, and
- 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.

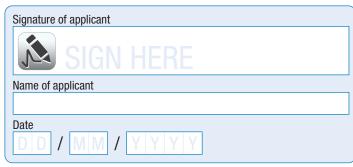
Ahpra will only do this where the entity seeking the information or verification has given a legal undertaking they have obtained my consent to these disclosures and this verification.

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.



SECTION R: 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: \$1020 + Registration fee: Registration fee \$1020 Registration fee for NSW registrants \$1020 Amount payable: \$1020 Applicants must pay 100% of the stated fees at the time of submitting the application.



Refund rules

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

57. Please complete the credit/debit card payment slip below.

Please post this form with payment and required attachments to:

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (refer below)

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	
Amount payable \$ Visa or Mastercard number Expiry date M M / Y Y	Name on card Cardholder's signature SIGN HERE



SECTION S: Checklist

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

Additional dod	cumentation	Attached
Question 1	Evidence of a change of name	\times
Question 4	A certified copy of your foreign passport	\times
Question 5	Certified copies of all documents that provide sufficient evidence of your identity	\times
Question 11	Certified copy of your primary medical degree certificate	\times
Question 11	A separate sheet with your qualification details	\times
Question 12	Certified copy of your internship certificate	\times
Question 12	A separate sheet with additional internship details	\times
Question 12	Written confirmation of an offer of employment in an accredited position from your proposed employer	\times
Question 13	Evidence of specialist qualifications	\times
Question 13	A separate sheet if all of your specialist qualification details do not fit in the space provided	\times
Question 15	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	×
Question 15	A separate sheet with additional details of your registration history	\times
Question 16	Your curriculum vitae	\times
Questions 18 & 20	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	\times
Question 19	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	\times
Question 19	A separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided	\times
Questions 19, 21 & 22	The international criminal history check (ICHC) reference page provided by the approved vendor	\times
Questions 19, 21 & 22	A separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided	×
Question 24	A separate sheet with any additional qualification details	×
Question 26	Copy of your English language test results	\times
Question 26	Certified copy of your English language test results	\times
Question 26	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	\times
Question 27	Your CV and a letter from employer(s) or a professional referee	\times
Question 27	An academic transcript	\times
Question 29	Details of the supervised training position you propose to take up	\times
Question 30	Evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice	\times
Question 30	A plan for professional development and for re-entry to practice	\times
Question 31	Details of change of scope of practice	\times
Question 32	Details of change of scope of practice	\times
Question 36	A separate sheet with your impairment details	\times
Question 37	A separate sheet with your current suspension or cancellation details	\times
Question 38	A separate sheet with your previous suspension, cancellation or refusal details	\times
Question 39	A separate sheet with your conditions, undertakings or limitations details	\times
Question 40	A separate sheet with your disqualifications details	\times
Question 41	A separate sheet with your conduct, performance or health proceedings	\times
Question 44	A position description	\times
Question 45	A training plan	\times
Question 50	Evidence of a successful completion of the AMC MCQ examination	\times
Question 55	A separate sheet with the names and addresses of additional sites	X
Question 56	A supervised practice plan	\times
Payment		
	Application fee	X
	Registration fee	X

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 nonoccupational 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 exposureprone 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

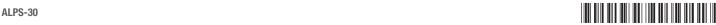
Your curriculum vitae must:

- 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)', and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

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

ENGLISH LANGUAGE SKILLS

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



IMPAIRMENT

Impairment means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession. The National Law requires you to declare any such impairments at the time of renewal, including details of the impairment and how it is managed.

PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You must have 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