Medical Board Ahpra

# Application for limited registration for area of need

Profession: **Medical**

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

This form is for international medical graduates (IMG) to apply for limited registration to provide medical services in general and hospital practice in Australia in an area of need as defined under section 67(5) of the National Law. Applicants granted registration on this basis must not practise the profession other than in the area of need position specified in the online Register of Medical Practitioners.

The Medical Board of Australia (the Board) will assess whether the applicant's qualifications and experience are relevant to, and suitable for, the practice of the profession in the area of need.

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 Board's 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.

# PART A – To be completed by the applicant

## SECTION A: Personal details

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

**1. What is your name and date of birth?**

**Title*** MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER SPECIFY

**Family name***

**First given name***

**Middle name(s)***

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

**Date of birth** D D / M M / Y Y Y Y

If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board. For more information, see *Change of name* in the *Information and definitions* section of this form.

**2. Are you currently, or were you previously, registered as a medial practitioner under the National Law?**

YES ☒ ***Provide your registration number below*** NO ☒

Registration number*

M E D

**3. What are your birth and personal details?**

**Country of birth**

**City/Suburb/Town of birth**

**State/Territory of birth (if within Australia)**

VIC ☒ NSW ☒ QLD ☒ SA ☒ WA ☒ NT ☒ TAS ☒ ACT ☒

**Sex***

MALE ☒ FEMALE ☒ INTERSEX / INDETERMINATE ☒

**Languages spoken other than English (optional)***

## SECTION B: Proof of identity

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

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

**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.

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

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

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

Your certified copy **must** include:

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

**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.

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

| Documents | Category used: A | B | C |
|---|---|---|---|
| Australian birth or adoption certificate | ☐ | NA | ☐ |
| Australian visa (Foreign passport must be selected as evidence for Category B) | ☐ | NA | ☐ |
| ImmiCard | ☐ | NA | ☐ |
| Australian citizenship certificate | ☐ | NA | ☐ |
| Australian passport | ☐ | ☐ | ☐ |
| Australian motor vehicle licence | NA | ☐ | ☐ |
| Foreign passport | NA | ☐ | ☐ |
| Australian Working with Children/ Vulnerable People Card | NA | ☐ | ☐ |
| Australian firearms or shooter's licence | NA | ☐ | ☐ |
| Australian student ID card | NA | ☐ | ☐ |
| Intl. or foreign motor vehicle licence | NA | ☐ | ☐ |
| Australian proof of age card | NA | ☐ | ☐ |
| Australian government benefits | NA | NA | ☐ |
| Australian academic transcript | NA | NA | ☐ |
| Australian registration certificate | NA | NA | ☐ |

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

**Category D documents**

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

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

| | |
|---|---|
| Australian rate notice | ☐ |
| Current Australian lease or tenancy agreement | ☐ |
| Australian utility account | ☐ |
| Australian electoral enrolment card | ☐ |

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

**6. What is your residency status within Australia?**

☐ Permanent ☐ Temporary **(supply details of visa status below)**

**Visa type (if available)**

## SECTION C: Contact information

**7. What are your contact details?**

Provide your current contact details below – place an ☒ next to your preferred contact phone number.

**Business hours**

**Mobile**

**After hours**

**Email**

**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.

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

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

**City/Suburb/Town***

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

**Postcode/ZIP***

**Country (if other than Australia)**

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

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

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.

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

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

**City/Suburb/Town***

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

**Postcode***

**10. What is your mailing address?**

Your mailing address is used for postal correspondence

- ☐ My residential address
- ☐ My principal place of practice
- ☐ Other ***(Provide your mailing address below)***

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

**Address/PO Box** (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

**City/Suburb/Town**

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

**Postcode/ZIP**

**Country (if other than Australia)**

## **SECTION D:** Qualification for the profession

In accordance with section 67 of the National Law, to be eligible for limited registration for an area of need you must be able to demonstrate to the Board that you qualify to practise medicine under limited registration in the area of need. 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.

The Board's website contains information on approved qualifications and examinations or assessments accepted.

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

**Primary medical qualification**

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

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 academic qualifications and examinations/assessments do not fit in the space provided. You **must** attach evidence of an additional medical qualifications and examinations/assessments.

## 12. What are the details of your internship (or comparable)?

This waiver applies to most documents not just some. Delete and move a modified version (text below) to the front page under the paragraph about certifying documents.

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.

**Internship (or comparable)**

Name of institution

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

You **must** attach evidence of completion of your internship or comparable if you are applying for initial registration in Australia.

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

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

YES ☒ NO ☒

**Most recent specialist qualification**

Title of qualification

Awarding body

Completion date M M / Y Y Y Y

You **must** attach evidence of specialist qualifications.

**Additional specialist qualification**

Title of qualification

Awarding body

Completion date M M / Y Y Y Y

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?**

If you have been registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing from **every** jurisdiction outside of Australia in which you are currently, or have previously been, registered as a health practitioner **during the past ten years**. Certificates **must** be dated within three months of your application being received by Ahpra.

**Most recent registration**

State/Territory/Country

Profession

Period of registration

D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

**Additional registration**

State/Territory/Country

Profession

Period of registration

D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

If you have been registered outside of Australia, you **must** arrange for original Certificates of Registration Status (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.

**17. Are you applying for registration to work in a general practice position?**

The Board's registration standard for limited registration for area of need requires applicants seeking to work in general practice to have three years (full time equivalent) experience working in general practice or primary care.

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

**18. How many years (full time equivalent) experience have you had working in general practice or primary care?**

**Years of (full time equivalent) experience**

SPECIFY

**19. Have you had your experience assessed by the:**

- **Australian College of Rural and Remote Medicine (ACRRM), or**
- **Royal Australian College of General Practitioners (RACGP)?**

If you have had your experience formally assessed by the RACGP or ACRRM for another reason, you will not require further assessment of your experience by the Board.

You will need to attach evidence from the college that confirms you have at least three years (full-time equivalent) experience working in general practice or primary care.

If the college has not assessed your experience, the Board will assess your experience.

YES

You **must** attach evidence from the ACRRM or the RACGP confirming your experience working in general practice or primary care.

NO

**The Board will assess your experience. Choose the appropriate option below.**

☒ I have been **employed in general practice or primary care**

You **must** attach letter(s) from organisations where you were/are employed demonstrating that you have had at least a total of three years (full-time equivalent) experience in general practice or primary care.

The letter(s) must:

- be on the organisation's letterhead
- be signed and dated by the Senior Medical Director, Principal, or Practice Manager (or equivalent)
- include the contact details for the person that signed the letter and confirmed your experience (phone number, employment address and email address)
- confirm that you were/are employed by the organisation
- confirm your position title and position description
- confirm the dates you were/are employed
- confirm the hours you worked per week (full time or part time)
- state the nature of your work and the scope of your clinical activities
- state the types of patients seen by you and a description of the range of illnesses presented.

☒ I have been in **solo practice or am/was self-employed**

You **must** attach:

- Your curriculum vitae (as required under question 15) include:
  - your responsibilities in general practice or primary care including whether you worked part-time or full-time
  - the hours worked per week
  - the dates your medical practice is/was in operation
  - the nature of your work and the scope of your clinical activities, and
  - the types of patients seen by you and the range of illnesses presented.
- evidence of licensure or accreditation (if the country where your medical practice is/was located requires your medical business to be licensed or accredited)
- five patient referrals (de-identified) that you have made to specialist practitioners, and
- three references from specialist practitioners that you have referred patients to, confirming your experience in general practice or primary care. The references must include the specialist practitioners contact details including phone, street address and email address.

The Board may request further information, if the information you have provided does not adequately verify your experience.

## 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.

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

YES ☐ ***Go to the next question***

NO ☐ ***Go to question 23***

**21. 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.

YES ☐ 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.

**22. 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 26***

YES ☐ ***You are required to:***

- ***obtain an international criminal history check from an approved vendor for each country and provide details below, and***
- ***provide details of the change in your criminal history in a signed and dated written statement.***

***Provide details below, then go to question 26***

| Country | Check reference number |
|---|---|
| | |
| | |
| | |

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

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

**23. Do you have any criminal history in Australia?**

It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section of this form.

YES ☐ NO ☐

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

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

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

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

NO ***Go to the next question***

YES ***You are required to:***

- ***obtain an international criminal history check from an approved vendor for each country and provide details below, and***
- ***provide details of your criminal history in a signed and dated written statement.***

| Country | Check reference number |
|---|---|
| | |
| | |
| | |

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

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

**25. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?**

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

NO ***Go to the next question***

YES ***You are required to obtain an international criminal history check from an approved vendor for each country and provide details below***

| Country | Check reference number |
|---|---|
| | |
| | |
| | |

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

**26. 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.*

YES I declare I have used English as my primary language within the past five years.
***Go to question 31***

NO ***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
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

**Combined secondary and tertiary education pathway**
You have undertaken and satisfactorily completed:
- at least two years of secondary education that was taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English in a recognised country.

**Extended education pathway**
You have undertaken and satisfactorily completed at least six years' (full time equivalent) continuous education taught and assessed solely in English, in any of the recognised countries, which includes tertiary qualifications in the profession on which you are relying to support your eligibility for registration under the National Law.

**Primary language pathway**
*With overseas qualification in a non-recognised country*
English is your primary language and you have undertaken and satisfactorily completed:
- all of your primary and secondary education taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

**English language test pathway**
You have achieved the required minimum scores in one of the approved English language tests and meet the requirements for test results specified in the Board's *English language skills registration standard*.

## 27. Which one of the English language competency pathways do you meet?

Ahpra may verify the information you provide below.

For more information, see *English language skills* in the *Information and definitions* section of this form.

- ☐ Combined secondary and tertiary education pathway ▶ ***Provide details of secondary and tertiary education in the table below, then go to question 31***
- ☐ Extended education pathway ▶ ***Provide details of secondary, vocational and tertiary education in the table below, then go to question 31***
- ☐ Primary language pathway ▶ This is a declaration that English is your primary language ***Provide details of primary, secondary and tertiary education in the table below, then go to question 31***
- ☐ English language test pathway ▶ ***Go to question 28***

***Complete the following table of education undertaken in chronological order (earliest to most recent):***

| Timeframe | Level of education | Program name *If applicable* | Education institution *Specify name and address* | Recognised country *If applicable* | Study status |
|---|---|---|---|---|---|
| Study commenced: M M Y Y Y Y<br>Study completed: M M Y Y Y Y | ☐ Primary<br>☐ Secondary<br>☐ Vocational<br>☐ Tertiary | | | ☐ Australia ☐ Canada<br>☐ New Zealand ☐ Republic of Ireland<br>☐ South Africa ☐ United Kingdom<br>☐ United States | ☐ Full time<br>☐ Part time |
| Study commenced: M M Y Y Y Y<br>Study completed: M M Y Y Y Y | ☐ Primary<br>☐ Secondary<br>☐ Vocational<br>☐ Tertiary | | | ☐ Australia ☐ Canada<br>☐ New Zealand ☐ Republic of Ireland<br>☐ South Africa ☐ United Kingdom<br>☐ United States | ☐ Full time<br>☐ Part time |
| Study commenced: M M Y Y Y Y<br>Study completed: M M Y Y Y Y | ☐ Primary<br>☐ Secondary<br>☐ Vocational<br>☐ Tertiary | | | ☐ Australia ☐ Canada<br>☐ New Zealand ☐ Republic of Ireland<br>☐ South Africa ☐ United Kingdom<br>☐ United States | ☐ Full time<br>☐ 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.

## 28. Were your results from the English language tests obtained in one or two sittings?

In certain circumstances, you can use English language test results from a maximum of two test sittings **in a six month period**. For more information, refer to the Board's *English language skills registration standard*.

- ☐ One sitting ▶ ***Provide date of test below, then go to the next question and complete details for one sitting***
- ☐ Two sittings ▶ ***Provide dates below, then go to the next question and complete details for both sittings***

Sitting one D D / M M / Y Y Y Y  Sitting two D D / M M / Y Y Y Y

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

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

☒ **International English Language Test System (IELTS) Academic module**

Test report form number – sitting one: A

Test report form number – sitting two (if applicable): A

The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

☒ **Occupational English Test (OET)**

Candidate number – sitting one: - -

Candidate number – sitting two (if applicable): - -

The Board requires the OET with a minimum score of B or 350 in each of the four components (listening, reading, writing and speaking).

☒ **Pearson Test of English Academic (PTE Academic)**

Registration ID – sitting one:

Registration ID – sitting two (if applicable):

The Board requires the PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

☒ **Test of English as a Foreign Language internet-based test (TOEFL iBT)**

Registration number – sitting one:

Registration number – sitting two (if applicable):

The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.

If your English language test(s) were completed within the past two years, you **must** provide a copy of your test results, including the reference number(s), so that Ahpra can verify your results.
If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.

☒ **NZREX**

☒ **PLAB test**

You **must** provide a certified copy of your English language test results.

## 30. Were your results from the above-mentioned English language tests obtained in the past two years?

YES ☒ NO ☒

In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced**:**

- continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice, **and/or**
- continuous enrolment in an approved program of study.

You **must** lodge this application within 12 months of completing the employment and/or program of study.

You **must** attach a certified copy of your English language test results, **and**:

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner in a recognised country (if you are relying on continuous employment over two years in duration, only two years is required), **and/or**
- an academic transcript evidencing that you were enrolled continuously in a Board-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

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

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

YES ☒ NO ☒

**32. Do you meet the recency of practice registration standard?**

To meet the standard, medical practitioners must have practised within their scope of practice for a minimum total of:
- four weeks full-time equivalent in one registration period, which is a total of 152 hours, or
- 12 weeks full-time equivalent over three consecutive registration periods, which is a total of 456 hours.

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

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

**Mark all options applicable to your application – *then go to question 35***

☐ I have practiced a minimum of four weeks full-time equivalent (152 hours) in the last year.

☐ I have practiced a minimum of 12 weeks full-time equivalent (456 hours) over the last three years.

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

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

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

**Mark all options applicable to your application – *then go to question 35***

☐ 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.

**34. 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**

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

YES ☐ NO ☐

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

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

YES ☐ NO ☐

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

**37. Will you be performing exposure-prone procedures in your practice?**

**Exposure prone procedures (EPPs)** are procedures where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissues to the blood of the healthcare worker. These procedures include those where the healthcare worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

The CDNA has developed guidance on exposure-prone procedures in *Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017* available online at **https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en**

You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in *Appendix 2* of the national guidelines.

YES ☐ ***Go to the next question*** NO ☐ ***Go to question 39***

**38. 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 ☐

**39. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?**

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

YES ☐ NO ☐

You **must** attach to this application details of any impairments and how they are managed.

**40. Is your registration in any profession currently suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?**

YES ☐ NO ☐

You **must** attach to this application details of any registration suspension or cancellation.

**41. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?**

YES ☐ NO ☐

You **must** attach to this application details of any cancellation, refusal or suspension.

**42. Has your registration ever been subject to conditions, undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?**

YES ☐ NO ☐

You **must** attach to this application details of any conditions, undertakings or limitations.

**43. Are you disqualified from applying for registration, or being registered, in any profession in Australia (under the National Law, a corresponding prior Act or a law of a co-regulatory jurisdiction), or overseas?**

**Co-regulatory jurisdiction** means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).

YES ☐ NO ☐

You **must** attach to this application details of any disqualifications.

**44. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?**

YES ☐ NO ☐

You **must** attach to this application details of any conduct, performance or health proceedings.

## SECTION I: 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**

**45. What is your registration pathway?**

- ☐ Specialist Pathway
  ***Go to the next question***
- ☐ Standard Pathway
  ***Go to question 50***

**46. What type of position do you intend to undertake?**

- ☐ General practice
  ***Go to the next question***
- ☐ Hospital practice
  ***Go to question 48***

**47. Have you been assessed by the relevant specialist medical college (Royal Australian College of General Practitioners (RACGP) or Australian College of Rural and Remote Medicine (ACRRM)) for the area of need position?**

The Board's registration standard for limited registration for area of need requires applicants seeking to work in general practice to have at least three years (full time equivalent) experience working in general practice or primary care. If the college assessment does not confirm your experience in general practice or primary care, the Board will assess your experience and you will need to provide the evidence requested under question 18.

- YES ☐ Ahpra will access the outcome of your assessment directly from the college
  ***Go to question 49***
- NO ☐ You are not yet eligible to apply for limited registration for area of need

**48. Have you been assessed by the relevant specialist medical college for the area of need position?**

- YES ☐ Ahpra will access the outcome of your assessment directly from the college
  ***Go to the next question***
- NO ☐ You are not yet eligible to apply for limited registration for area of need

**49. Are you also applying for the specialist pathway - specialist recognition?**

- YES ☐ You must have been assessed for comparability to an Australian trained specialist by the relevant specialist medical college. Ahpra will access the outcome of your assessment directly from the college.
  ***Go to Section J: Details of the position***
- NO ☐ ***Go to Section J: Details of the position***

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

- YES ☐

**Date AMC MCQ examination completed**

D D / M M / Y Y Y Y

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

- NO ☐ 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**

YES ☒

**Name of PESCI provider**

**Date PESCI completed**

D D / M M / Y Y Y Y

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

NO ☒

**Choose appropriate option**

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

**Date PESCI arranged to be completed**

D D / M M / Y Y Y Y

☒ I require my experience in general practice or primary care to be assessed by the Board and will arrange a PESCI if advised to do so by the Board.

☒ My position does not require a PESCI

## SECTION J: Details of the position

**52. 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.

**53. What are the details of the area of need in which you will work?**

You **must** attach evidence of an area of need declaration for the geographical area and/or type of health service, for which there is a need, from the responsible Minister for Health or delegate in the jurisdiction in which the designated area of need position is located.

**54. When is your proposed commencement date?**

☒ On the date of the Board's approval

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

**Date**

D D / M M / Y Y Y Y

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

**Months**

SPECIFY

# SECTION K: Obligations and consent

**Before you sign and date this form,** make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

## Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

**Continuing professional development**

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

**Professional indemnity insurance arrangements**

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

**Notice of certain events**

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
   a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
   b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
   c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
   d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
   e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
   f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
   g) a complaint is made about the practitioner to the following entities—
      (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
      (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
      (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
      (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
      (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
   h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

**Change in principal place of practice, address or name**

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
   a) a change in the practitioner's principal place of practice;
   b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
   c) a change in the practitioner's name.

**Employer's details**

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
   a) information about whether the practitioner is employed by another entity;
   b) if the practitioner is employed by another entity—
      (i) the name of the practitioner's employer; and
      (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

## Consent to nationally coordinated criminal history check

I authorise Ahpra and the Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application.

I acknowledge that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the Board,
- my personal information will be extracted from this form and provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the *Australian Crime Commission Act 2002 (Cth)*,
- my identity information provided with this application will be enrolled with Ahpra to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

## Consent

If I provide the Board details of an English language test I have completed, I authorise the Board to use the information I provide to verify those results with the test provider.
I understand the test provider may be overseas.
I consent to the Board and Ahpra making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.
I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I undertake to comply with all relevant legislation and Board registration standards, codes and guidelines.
I understand that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.
I understand Ahpra may:

- disclose the date my registration is to commence and future registration details; and
- verify the accuracy of my registration details including my date of birth and address to entities (such as prospective employers) who disclose that information to Ahpra for the purpose of confirming my identity.

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

- met the English language skills pathway requirements indicated on this form, and
- read the privacy and confidentiality statement for this form.

I declare that:

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

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

Signature of applicant




Name of applicant

Date

D D / M M / Y Y Y Y

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

## SECTION L: Third party to act on behalf of applicant

Under the *Privacy Act 1988* (Cth), the Board is generally not permitted to disclose personal information about an applicant to a third party. An applicant may authorise a third party (agent) to communicate with the Board and/or act on behalf of the applicant, by completing the following details.

**56. Do you wish to appoint an agent to communicate/act on your behalf in relation to this application?**

An agent can be an employer, sponsor, recruitment agent or any other individual authorised by the applicant to act on their behalf in relation to this application.

YES ☒ ▶ ***Complete applicant authorisation and arrange for agent to complete agent authorisation***

NO ☒

### Applicant authorisation

**I authorise my agent to (mark one or more as required):**

☒ communicate with the Board on my behalf regarding the processing and progress of my application. (The agent and the Board may communicate by telephone, fax, email or written correspondence)

☒ undertake any other action reasonably necessary for the processing of my application on my behalf (except signing and lodging applications forms, which must be completed by the applicant), and

☒ receive all formal correspondence from the Board in relation to this application.

Date D D / M M / Y Y Y Y

Signature of applicant SIGN HERE

### Agent authorisation

**AGENT TO COMPLETE: I consent to act as agent of the registrant named below.**

Full name of agent

Full name of applicant

**Agent contact details**

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

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

Postcode/ZIP

Country

Business hours

Mobile

Email

Date D D / M M / Y Y Y Y

Signature of agent SIGN HERE

# PART C – To be completed by the employer

## SECTION M: Sponsor employer details

**57. 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 ☐ 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 STREET; or PO BOX 1234)

**Suburb/City/Town**

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

**Postcode**

**58. What are the details of the employer sponsor?**

The employer sponsor must be a medical practitioner.

**Name of employer sponsor (must be a medical practitioner)**

**Email**

**Business hours contact phone number**

MED

**Registration number**

**Site/building (if applicable)**

**Address** (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

**Suburb/City/Town**

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

**Postcode/ZIP**

## Employer sponsor's declaration – *To be completed and signed by the employing practice sponsor*

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 employer sponsor (authorised medical practitioner)

Name of applicant

Employer sponsor's registration number

Signature of employing practice sponsor

SIGN HERE

Date

D D / M M / Y Y Y Y

## SECTION N: List of sites

Provide the name and address of each site for which limited registration is required to provide general practice services in an area of need. Board approval does not provide access to a Medicare provider number.

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

**Site 1**

Full name of hospital/practice/clinic

Site/building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

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

Postcode

Contact person

Phone number

Opening hours

H H : M M to H H : M M

**Site 2**

Full name of hospital/practice/clinic

Site/building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

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

Postcode

Contact person

Phone number

Opening hours

H H : M M to H H : M M

**60. What type of position is being undertaken by the applicant?**

☒ General practice
***Go to the next question***

☒ Hospital practice
***Go to Section O: Supervisor details***

**61. Who are the current doctors working at the practice?**

**Current doctor**
Name

Registration number
M E D

Sessions per week

**Current doctor**
Name

Registration number
M E D

Sessions per week

**Current doctor**
Name

Registration number
M E D

Sessions per week

**Current doctor**
Name

Registration number
M E D

Sessions per week

**62. What are the details of the nurses and other staff?**

**List number of other staff, job title and whether full-time or part-time**

| Job title | Number of staff | Full-time | Part-time /Casual |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach a separate sheet if the details do not fit in the space provided.

**63. Generally, what are the details of registered patients?**

**List details below**

Number of patients

General age

Ethnic background

## SECTION O: Supervisor details

**64. 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

Family (legal) name

First given name

Registration number M E D

Position

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

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

Postcode

Business hours contact phone number

Mobile

Email

You **must** 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**

If you are granted registration, applicants who intend to renew their 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**.

## Principal supervisor's undertaking – *To be completed and signed by the principal supervisor*

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

Date

D D / M M / Y Y Y Y

Signature of principal supervisor

SIGN HERE

# PART D – To be completed by the applicant

## SECTION P: Payment

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

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

| Application fee: | | Registration fee: | | Amount payable: |
|---|---|---|---|---|
| **$1020** | + | **$** INSERT FEE | = | **$** INSERT FEE |
| | | Registration fee **$995** | | Applicants **must** pay 100% of the stated fees at the time of submitting the application. |
| | | Registration fee for NSW registrants **$930** | | |

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

**65. 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)*

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

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

## 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 Q: Checklist

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

| *Additional documentation* | | Attached |
|---|---|---|
| ***Question 1*** | Evidence of a change of name | ☐ |
| ***Question 4*** | A certified copy of your foreign passport | ☐ |
| ***Question 5*** | Certified copies of all documents that provide sufficient evidence of your identity | ☐ |
| ***Question 11*** | Certified copies of **all** of your relevant academic qualifications | ☐ |
| ***Question 11*** | A separate sheet with additional qualifications | ☐ |
| ***Question 12*** | Evidence of completion of your internship or comparable | ☐ |
| ***Question 12*** | A separate sheet with additional internship details | ☐ |
| ***Question 13*** | Evidence of your specialist qualifications | ☐ |
| ***Question 13*** | A separate sheet with additional specialist qualification details | ☐ |
| ***Question 15*** | Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority | ☐ |
| ***Question 15*** | A separate sheet with registration details | ☐ |
| ***Question 16*** | Your curriculum vitae | ☐ |
| ***Question 19*** | Evidence from the ACRRM or the RACGP confirming your experience working in general practice or primary care | ☐ |
| ***Question 19*** | Letter(s) from organisations where you were/are employed demonstrating that you have had three years (full-time equivalent) experience in general practice or primary care | ☐ |
| ***Question 19*** | Evidence of licensure or accreditation | ☐ |
| ***Question 19*** | Five de-identified patient referrals that you have made to specialist practitioners | ☐ |
| ***Question 19*** | Three references from specialist practitioners that you have referred patients to | ☐ |
| ***Questions 21 & 23*** | A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances | ☐ |
| ***Questions 22 & 24*** | A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number | ☐ |
| ***Questions 22 & 24*** | A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances | ☐ |
| ***Questions 22, 24 & 25*** | ICHC reference page provided by the approved vendor | ☐ |
| ***Question 25*** | A separate sheet of additional overseas countries lived in and corresponding ICHC reference number | ☐ |
| ***Question 27*** | A separate sheet with any additional qualification details | ☐ |
| ***Question 27*** | Transcript(s)/letter(s) from the education provider confirming that your course was taught and assessed solely in English | ☐ |
| ***Question 29*** | Copy of your English language test results | ☐ |
| ***Question 30*** | Certified copy of your English language test results | ☐ |
| ***Question 30*** | Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study | ☐ |
| ***Question 33*** | Details of the supervised training position you propose to take up | ☐ |
| ***Question 34*** | Evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice | ☐ |
| ***Question 34*** | A plan for professional development and for re-entry to practice | ☐ |
| ***Questions 35 & 36*** | Details of the training and assessments | ☐ |
| ***Question 39*** | A separate sheet with your impairment details | ☐ |
| ***Question 40*** | A separate sheet with your current suspension or cancellation details | ☐ |
| ***Question 41*** | A separate sheet with your previous cancellation, refusal or suspension details | ☐ |
| ***Question 42*** | A separate sheet with your conditions, undertakings or limitations details | ☐ |
| ***Question 43*** | A separate sheet with your disqualification details | ☐ |
| ***Question 44*** | A separate sheet with your conduct, performance or health proceedings | ☐ |
| ***Question 52*** | A position description | ☐ |
| ***Question 53*** | Evidence of an area of need declaration for the geographical area and/or type of health service for which there is a need | ☐ |
| ***Question 62*** | A separate sheet with additional nurse and staff details | ☐ |
| ***Question 64*** | A supervised practice plan | ☐ |
| ***Payment*** | | |
| | Application fee | ☐ |
| | Registration fee | ☐ |

# Information and definitions

## AUSTRALIAN NATIONAL GUIDELINES FOR THE MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH BLOOD BORNE VIRUSES AND HEALTHCARE WORKERS WHO PERFORM EXPOSURE PRONE PROCEDURES AT RISK OF EXPOSURE TO BLOOD BORNE VIRUSES

The Communicable Diseases Network Australia (CDNA) has published these guidelines. The following is a summary of the requirements in the CDNA guidelines:

Healthcare workers who perform exposure prone procedures (EPPs) must take reasonable steps to know their blood-borne virus (BBV) status and should be tested for BBVs at least once every three years. They are also expected to:

- have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition
- have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus acquisition
- cease performing all EPPs if diagnosed with a BBV until the criteria in the guidelines are met, and
- confirm that they comply with these guidelines when applying for renewal of registration if requested by their board.

Practitioners who are living with a blood-borne virus and who perform exposure-prone procedures have additional requirements. They are expected to:

- be under the ongoing care of a treating doctor with relevant expertise
- comply with prescribed treatment
- have ongoing viral load monitoring at the appointed times
- not perform EPPs if particular viral load or viral clearance criteria are not met (see detailed information in the guidelines according to the specific BBV)
- seek advice regarding any change in health condition that may affect their fitness to practise or impair their health
- release monitoring information to the treating doctor
- if required, release de-identified information to the relevant area of the jurisdictional health department/Expert Advisory Committee, and
- if required, release health monitoring information to a designated person in their workplace in the event of a potential exposure incident to assess the requirement for further public health action.

Additional information can be found in the CDNA *Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* available online at **https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en**

## CERTIFYING DOCUMENTS

**DO NOT send original documents unless specified.**

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

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

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

## CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

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

## 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**