



Application for specialist registration For medical practitioners currently holding general and/or specialist registration


Profession: **Medical**

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

This form is to be used by medical practitioners who:

- currently hold general and/or specialist registration under sections 52 and/or 57 of the National Law, and
- wish to apply for specialist registration in recognition of their qualifications to practise within a medical specialty in Australia.

Specialists who want to apply for specialist registration in more than one specialty must complete a separate ASPC-30 form and pay an application fee for each specialty being added. It is important that you refer to the Medical Board of Australia's (the Board) registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at www.medicalboard.gov.au.






 **This application will not be considered unless it is complete and all supporting documentation has been provided.** Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.


By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form

-  **Additional information**
Provides specific information about a question or section of the form.
-  **Attention**
Highlights important information about the form.
-  **Attach document(s) to this form**
Processing cannot occur until all required documents are received.
-  **Signature required**
Requests appropriate parties to sign the form where indicated.
-  **Mail document(s) directly to Ahpra**
Requires delivery of documents by an organisation or the applicant.

Completing this form

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

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

SECTION A: Personal details

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

1. What are your name and birth details?

Title* MR MRS MISS MS DR OTHER

Family name*


First given name*

Middle name(s)*

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

Date of birth / /

Country of birth

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

2. What is your Ahpra registration number?

Registration number*



SECTION B: Contact information



Once registered, you can change your contact information at any time.
Please go to www.ahpra.gov.au/login to change your contact details using your online account.

3. What are your contact details?

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

Business hours

Mobile

After hours

Email

4. What is your residential address?



Residential address cannot be a PO Box.

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

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

City/Suburb/Town*

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

Country (if other than Australia)



SECTION C: Specialist qualification for the profession



In accordance with section 57 of the National Law, to be eligible for specialist registration you must be qualified for specialist registration in the health profession. Section 58 of the National Law states that to be qualified you must hold either:

- an approved qualification for the specialty
- another qualification that the National Board established for the health profession considers to be substantially equivalent, or based on similar competencies, to an approved qualification for the specialty
- a qualification, not referred to in (a) or (b), relevant to the specialty AND have successfully completed an examination or other assessment required by the National Board for the purpose of registration in the specialty, or
- a qualification, not referred to in (a) or (b), that under the National Law, or a corresponding prior Act, qualified you for specialist registration (however described) in the specialty and you were previously registered on the basis of holding that qualification for the specialty.

5. What are the details of your specialist qualifications?



The Board maintains a list of approved specialties, fields of specialty practice and related specialist titles. The *List of specialties, fields of specialty practice and related specialist titles* can be found on the Board's website:

www.medicalboard.gov.au

Specialties not listed on the approved list will not meet the eligibility requirements for specialist registration.

Specialist qualification

Specialty (e.g. Surgery, General Practice, Physician, Anaesthesia, Radiology etc.)

Field of specialty practice (if applicable)

(e.g. Plastic surgery, Paediatric endocrinology, General medicine, Diagnostic ultrasound)

Title of qualification (e.g. Fellowship of the Royal Australian College of General Practitioners)

Name of specialist college or awarding body

Country of qualification

Date qualification awarded (Fellowship or eligibility for Fellowship, or completion date)

 /


Approved qualification

- Colleges can provide the details of approved fellowships awarded directly to Ahpra.
- Contact your college to confirm whether they are participating in this process.
- If your college is a participating college, you do not need to attach evidence of your fellowship.
- If your college is not a participating college, you must attach certified evidence of either:
 - Board-approved Australian/Australasian College Fellowship in a Board-approved specialty/field of specialty practice, or
 - Eligibility for a Board-approved Australian/Australasian College Fellowship in a Board-approved specialty/field of specialty practice

For further information see the Board's registration standard for specialist registration
www.medicalboard.gov.au/Registration-Standards

Specialist pathway for specialist international medical graduates

If you are applying for specialist registration through the specialist pathway, you do not need to attach evidence of your qualification. Ahpra will receive your final comparability assessment, Report 2, directly from the college.

Expedited specialist pathway for specialist international medical graduates

You must attach evidence of your specialist qualification. The Board's *Expedited specialist pathway: accepted qualifications list* is published at www.medicalboard.gov.au.



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

6. Are you a specialist international medical graduate?



A **specialist international medical graduate** is an individual who has completed specialist training and obtained a postgraduate specialist qualification from an authority outside of Australia.

YES


Go to the next question

NO

Go to Section G: Suitability statements



SECTION D: 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) and the Australian Medical Council (AMC). For more information about the process go to the AMC website www.amc.org.au.

7. Have you applied to the AMC to have your qualifications verified?

YES

Provide your AMC candidate number below
AMC candidate number

NO

 You must apply to the AMC to have your qualifications verified.

SECTION E: Pathway for specialist international medical graduates

8. Under which pathway do you qualify for specialist registration?

Specialist pathway – Go to question 13

Select this option if you have had your specialist qualifications assessed by the relevant college as partially or substantially comparable and are applying for specialist registration after completing the college requirements under a period of limited or provisional registration.

Expedited specialist pathway – Go to the next question

The Board has published an *Expedited specialist pathway: accepted qualifications list* of international medical specialist qualifications that it considers to be substantially equivalent or based on similar competencies to an approved qualification for the specialty. To apply via the expedited specialist pathway, your specialist qualifications must be on this list.


9. Is your specialist qualification on the Expedited specialist pathway: accepted qualifications list?

YES

My qualification is on the *Expedited specialist pathway: accepted qualifications list*.
Go to the next question

NO

My qualification is not on the *Expedited specialist pathway: accepted qualifications list*.

 If your qualification is not on the Board's *Expedited specialist pathway: accepted qualifications list*, you are not eligible for the expedited specialist pathway. International medical graduates can refer to the *Self-assessment check* to determine which pathway they are eligible for. For more information see www.medicalboard.gov.au.

10. Do you consent for Ahpra to share your contact details with the relevant AMC-accredited Australasian specialist medical college?



Evidence of fellowship is not a requirement for the expedited specialist pathway. If you wish to seek fellowship from an AMC-accredited specialist medical college separately to specialist registration, you can provide consent for Ahpra to share your contact details (name and email address) to the college to facilitate contact.

YES

NO

Provide the name of the relevant AMC-accredited Australasian specialist medical college for which you would like to seek fellowship.

A list of AMC-accredited Australasian medical colleges is published at www.medicalboard.gov.au

11. Have you previously satisfactorily completed an approved period of supervised practice as a medical practitioner in a specialist position within Australia?




The Board's *Registration standard: Specialist registration* requires satisfactory completion of Board approved supervised practice. If you have not satisfactorily met the requirement to complete supervised practice, the Board may impose conditions on your registration to meet this requirement.

YES

NO **Go to the next question**

Attachment required below – then go to Section G: Suitability statements

 You **must** attach details of the supervised practice you've completed within Australia if you have not previously provided this to the Board.



12. Do you have proposed supervised practice arrangements?



If you have secured employment, you may provide details of your proposed supervised practice arrangements by completing and attaching a supervised practice plan, in accordance with the Board's Supervised practice framework. Refer to *Supervised practice plan template* at www.medicalboard.gov.au/Registration/Supervised-practice-framework.

YES



You **must** attach your completed *Supervised practice plan – SPPA-00*.

NO

We can assess and decide your application without proposed supervision arrangements.

SECTION F: Orientation and cultural safety

The Board's *Registration standard: Specialist registration* requires all practitioners to satisfactorily complete a Board approved orientation to the Australian healthcare system and cultural safety education. The Board's policy statements outline the minimum requirements that must be met and an evidence guide is available at www.medicalboard.gov.au. If you have not met these eligibility requirements and are not exempt, the Board may grant specialist registration and impose conditions so you can meet these requirements.

13. Have you previously undertaken and satisfactorily completed a Board approved orientation to the Australian healthcare system?

YES



You **must** attach evidence of completion if you have not previously provided this to the Board.

NO

I have not completed this requirement.

N/A

I am exempt from meeting this requirement.

Provide reasons for your exemption

.....

.....

.....

You **must** attach a separate sheet with additional details that do not fit in the space provided.

14. Have you previously undertaken and satisfactorily completed Board approved cultural safety education?

YES



You **must** attach evidence of completion if you have not previously provided this to the Board.

NO

I have not completed this requirement.

N/A

I am exempt from meeting this requirement.

Provide reasons for your exemption

.....

.....

.....

You **must** attach a separate sheet with additional details that do not fit in the space provided.



SECTION G: Suitability Statements

15. 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 Section H: Obligations and consent**

16. Do you commit to comply with the *Australian National Guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses?*



This includes testing for HIV, Hepatitis C and Hepatitis B at least once every three years. Testing for Hepatitis B is not necessary if you have demonstrated immunity to HBV through vaccination or resolved infection.

YES NO



SECTION H: 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.

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 for personal information to be shared with AMC-accredited Australasian specialist medical colleges

I consent to the National Board and Ahpra making enquiries of, and exchanging information with, AMC-accredited Australasian specialist medical colleges about matters relevant to this application.

I understand that personal information that I provide may be given to a specialist medical college for the purpose of assessing the application and granting registration, confirming my eligibility for Fellowship or the details of my comparability assessment.



Consent

I consent to the Board and Ahpra making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I acknowledge that:

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

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

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

I understand Ahpra may:

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

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


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

I declare that:

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

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

Signature of applicant


SIGN HERE

Name of applicant

Date

D

D

/

M

M

/

Y

Y

Y

Y



SECTION I: Payment

You are required to pay an application fee.

Application fee:	=	Amount payable:
\$506		\$506
		Applicants must pay 100% of the stated fees at the time of submitting the application.

- i Registration period**
The annual registration period for the medical profession is from 1 October to 30 September.
If your application is made between 1 August and 30 September this year, you will be registered until 30 September next year.
- Refund rules**
The application fee is non-refundable.

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

Credit/Debit card payment slip – please fill out

<p>Amount payable</p> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">\$ <input style="width: 80%;" type="text"/></div> <p>Visa or Mastercard number</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>Expiry date</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">M</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">M</div> / <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> </div>	<p>Name on card</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Cardholder's signature</p> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> SIGN HERE </div>
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SECTION J: Checklist

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

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 5	Certified copies of any relevant academic qualifications not provided directly to Ahpra by the issuing institution	<input type="checkbox"/>
Question 11	A separate sheet with details of any supervised practice previously completed within Australia	<input type="checkbox"/>
Question 12	A completed supervised practice plan (SPPA-00)	<input type="checkbox"/>
Question 13	Evidence you have completed of a Board approved orientation to the Australian healthcare system	<input type="checkbox"/>
Question 13	A separate sheet with additional details regarding your exemption from meeting this requirement	<input type="checkbox"/>
Question 14	Evidence you have completed Board approved cultural safety education	<input type="checkbox"/>
Question 14	A separate sheet with additional details regarding your exemption from meeting this requirement	<input type="checkbox"/>
<i>Payment</i>		
	Application fee	<input type="checkbox"/>



Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload.

You may contact Ahpra on 1300 419 495



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.

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.aspx
- 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,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, 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 via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. 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.aspx

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.