



# Application for provisional registration and supervised practice


## Profession: Pharmacy

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

This form is to be used by:

- graduates of a substantially equivalent program of study in New Zealand who wish to complete the intern requirements in Australia, **or**
- overseas qualified pharmacists from countries other than New Zealand who have passed Australian Pharmacy Council *Knowledge Assessment of Pharmaceutical Sciences* (KAPS) examination, **and**
- applying to undertake a Pharmacy Board of Australia (the Board) approved period of supervised practice in order to be eligible for general registration.


If you are a **graduate** of a *Board Approved program of study*, you should complete your application online. This is available on Ahpra's website [www.ahpra.gov.au/Registration/Graduate-Applications](http://www.ahpra.gov.au/Registration/Graduate-Applications).

 **Before the period of supervised practice may be commenced, it must be approved by the Board.** Any supervised practice undertaken without Board approval will not count towards your eligibility for general registration. **Before any approved supervised practice is undertaken**, either Part B of this application or the *AASP-60 – Application for approval of supervised practice* form **must** be lodged with and approved by the Board.

If you have **already arranged** a supervised practice placement, complete Parts A, B and C of this form.

If you have **not yet arranged** a supervised practice placement, complete Parts A and C of this form. Once you have arranged a supervised practice placement, you must complete the form *AASP-60 – Application for approval of supervised practice* form which can be found at [www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au)

It is important that you refer to the Board's registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at [www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au)






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

## Privacy and confidentiality

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


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

## Symbols in this form

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



**PART A – Provisional registration application**

**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

Family name\*

First given name\*

Middle name(s)\*

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

Date 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 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 fluently 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](http://www.ahpra.gov.au/identity).

**3. Are you applying for registration from within Australia?**

YES

NO  [Go to the next question](#)

 You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least **one** document must be in your 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](http://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.
- 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.'
- 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 – then go to Section C: Contact information**

- 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.
- A document may only be used once for any category.

Documents	Category used:			Documents	Category used:		
	A	B	C		A	B	C
Australian birth or adoption certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian financial institution account	NA	NA	<input checked="" type="checkbox"/>
Australian visa (Foreign passport must be selected as evidence for Category B)	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian Medicare card	NA	NA	<input checked="" type="checkbox"/>
ImmiCard	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian PAYG payment summary	NA	NA	<input checked="" type="checkbox"/>
Australian citizenship certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian motor vehicle registration	NA	NA	<input checked="" type="checkbox"/>
Australian passport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian Taxation Assessment Notice	NA	NA	<input checked="" type="checkbox"/>
Australian driver's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian insurance policy	NA	NA	<input checked="" type="checkbox"/>
Foreign passport	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian pension/healthcare card	NA	NA	<input checked="" type="checkbox"/>
Australian Working with Children Check or Vulnerable People Check	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Category D documents</b>			
Australian firearms or shooter's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
Australian student ID card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I have used a Category B or C document that has my current residential address			<input checked="" type="checkbox"/>
International or foreign driver's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian rate notice			<input checked="" type="checkbox"/>
Australian proof of age card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Current Australian lease or tenancy agreement			<input checked="" type="checkbox"/>
Australian government benefits	NA	NA	<input checked="" type="checkbox"/>	Australian utility account			<input checked="" type="checkbox"/>
Australian academic transcript	NA	NA	<input checked="" type="checkbox"/>				
Australian registration certificate	NA	NA	<input checked="" type="checkbox"/>				



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



Once **registered** and **living** in Australia, you need to become identity enrolled. Please download and complete the form *POIA-00 – Proof of identity requirements form: Within Australia* to become identity enrolled.

4. Are you applying for registration from outside Australia? YES  Go to the next question NO  Go back to question 3 to nominate the proof of identity you will provide with your application

5. Can you meet the proof of identity requirements for applicants applying for registration within Australia? NO  YES  Go back to question 3 to nominate the proof of identity you will provide with your application

You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least **one** document must be in your 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](http://www.ahpra.gov.au/translate) for further information.

**Choose proof of identity documents to submit – then go to Section C: Contact information**

- You **must** provide one category B document and two category C documents.
- A document may only be used once for any category.

Documents	Category used:		Documents	Category used:	
	B	C		B	C
Passport or travel document (Certificate of Identity, Document of Identity, ImmiCard, Laissez Passer and Titre de Voyage)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Birth certificate	NA	<input checked="" type="checkbox"/>
			Driver's licence	NA	<input checked="" type="checkbox"/>
Australian passport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Marriage certificate	NA	<input checked="" type="checkbox"/>
Australian visa (must be provided in conjunction with a foreign passport of travel document)	NA	<input checked="" type="checkbox"/>	Identity card	NA	<input checked="" type="checkbox"/>
			Australia citizenship certificate	NA	<input checked="" type="checkbox"/>



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



**Certifying documents**

- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- 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.'
- 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.



## SECTION C: Contact information



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

### 6. 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**

### 7. What is your residential address?



When you are not yet practising, or when you 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)**

### 8. Will the address of your principal place of practice be the same as your residential address?



Principal place of practice for a registered health practitioner is:

- the address at which you will 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.

YES

NO  *Provide your Australian principal place of practice below*

**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\***



**9. 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 and eligibility for provisional registration**

**Registration as a provisional pharmacist** is dependent on the Board being satisfied that the applicant is entitled to complete a period of supervised practice required to be eligible for general registration. You **must**:

- have completed a qualification in pharmacy
- have passed the Knowledge Assessment of Pharmaceutical Sciences (KAPS) examination conducted by the Australian Pharmacy Council (overseas qualified pharmacists from countries other than New Zealand)
- meet the mandatory *Registration standard: Supervised practice arrangements*, and
- be eligible in accordance with section 62 of the National Law.

**10. What are the details of your qualifications and examinations/assessments?**



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

**Primary qualification and examinations/assessments**

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date      Completion date

/        /

You **must** attach certified copies of **all** of your academic qualifications and examinations/assessments mentioned in this form.



**Additional qualification and examinations/assessments**

Title of qualification/examination/assessment

Name of institution (University/College/Examining body)

Country

Start date  /  Completion date  /


**Additional qualification and examinations/assessments**

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date  /  Completion date  /

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

**SECTION E: Registration history**

**11. 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 in which you are currently, or have previously been, registered as a health practitioner (including international registrations) **during the last five 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  /  /  to  /  /


**Additional registration**

State/Territory/Country

Profession

Period of registration  /  /  to  /  /

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

 Attach a separate sheet if all your registration history does not fit in the spaces provided.



## SECTION F: Work history

### 12. What is your full practice history?



It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history.



You **must** attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.

## SECTION G: Registration period



There is no set registration period for provisional registration. We'll grant you registration for 12 months from the date of the Board's approval or the date you select, whichever is the latter. If it takes more than 12 months to complete the provisional requirements, you'll need to renew your registration.

### 13. If this application is approved, when would you like your provisional registration to begin?

You can opt to have your registration start on the date of the Board's approval or a date nominated by you, up to 90 days into the future, as long as the date is later than the Board's approval. For more information, see *Registration approval dates* in the *Information and definitions* section of the form.

On the date of the Board's approval

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

/  /



You can't start practising until registration has been granted. Please consider if the date you have nominated gives you time to complete any pre-employment or pre-training program requirements. You can update this date by contacting your Regulatory Officer at any time until we finalise your application.

Once your registration has been granted, you cannot change your registration start date.

## 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.pharmacyboard.gov.au/Registration-Standards](http://www.pharmacyboard.gov.au/Registration-Standards) for further information.

### 14. 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.





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

**i** 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](http://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.

**16. 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?**

**i** 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](http://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.



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

An evidence requirements guide is available at [www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills](http://www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills). *Recognised country* means one of the following countries:

- Australia
- New Zealand
- South Africa
- United States of America.
- Canada
- Republic of Ireland
- United Kingdom

**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 *Registration standard: English language skills*.

**17. 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.

If a qualification that was relied on for registration is not an approved program of study, you **must** provide confirmation that the course was taught and assessed solely in English. A list of approved programs of study is available at [www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study](http://www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study)

- Combined secondary and tertiary education pathway  **Provide details of secondary and tertiary education in the table below, then go to question 21**
- Extended education pathway  **Provide details of secondary, vocational and tertiary education in the table below, then go to question 21**
- 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 21**
- English language test pathway  **Go to question 18**

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

Timeframe	Level of education	Program name <i>If applicable</i>	Education institution <i>Specify name and address</i>	Recognised country <i>If applicable</i>	Study status
Study commenced: <input type="text" value="MM"/> <input type="text" value="YYYY"/>	<input type="checkbox"/> Primary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: <input type="text" value="MM"/> <input type="text" value="YYYY"/>	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: <input type="text" value="MM"/> <input type="text" value="YYYY"/>	<input type="checkbox"/> Primary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: <input type="text" value="MM"/> <input type="text" value="YYYY"/>	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: <input type="text" value="MM"/> <input type="text" value="YYYY"/>	<input type="checkbox"/> Primary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: <input type="text" value="MM"/> <input type="text" value="YYYY"/>	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				

Please attach a separate sheet with any additional details that do not fit in the space provided above.  
If a qualification specified above was relied on for registration and is **not** an approved program of study, you **must** provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English.  
If the transcript does not confirm that the course was taught and assessed solely in English, you **must** arrange for a letter in the required form to be provided directly to Ahpra by the education provider confirming that the course was taught and assessed solely in English.



**18. 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 *Registration standard: English language skills*.

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  /  /       Sitting two  /  /

**19. 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:

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

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.

**20. 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 a period of continuous employment of greater than two years duration, only the last two years must be evidenced in the letter), **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.

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



The Board requires all applicants to have appropriate professional indemnity arrangements in place when practising. Applicants unable to meet this requirement are ineligible for registration. For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

YES

NO



22. 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.

23. 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.

24. 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.

25. 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.

26. 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.

27. 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: Obligations, consent and declaration



**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 consent to Ahpra and the National Board, at any time during the next 12 months, obtaining a written report about my criminal history through a nationally coordinated criminal history check. I acknowledge that:

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- 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 National Board
- my personal information currently held by Ahpra and from this form will be 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 and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about my criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that I provide when requested at any time during the next 12 months, as evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:
  - a) checking a statement made by me in this application for renewal,
  - b) an audit carried out by the National Board,
  - c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or
  - d) considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.



## Declaration

I **declare** that:

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

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I **confirm** that if I advertise any of my services or my business, the advertising\* complies with section 133 of the National Law and the National Board's Advertising Guidelines as it:

- Is not false, misleading or deceptive or likely to be misleading or deceptive
- does not offer a gift, discount or other inducement without stating the terms and conditions of the offer
- does not use testimonials or purported testimonials about the service or business
- does not create an unreasonable expectation of beneficial treatment, and
- does not directly or indirectly encourage the indiscriminate or unnecessary use of my services.

\*For information about advertising obligations please see the advertising resources page on:

<https://www.ahpra.gov.au/Publications/Advertising-hub.aspx>


I **acknowledge** that:

- the National Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application for renewal of registration 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 for renewal of registration will be sent to me electronically to me via my nominated email address
- 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 the all relevant legislation and National 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.

Signature of applicant

 SIGN HERE

Name of applicant

Date

DD

/

MM

/

YYYY



28. Are you a graduate of a Board Approved program of study?

YES



You need to complete your application online. This is available on Ahpra's website [www.ahpra.gov.au/Registration/Graduate-Applications](http://www.ahpra.gov.au/Registration/Graduate-Applications).

NO  Go to the next question

29. Have you arranged a supervised practice placement?

YES

You are required to complete Part B and provide your supervised practice placement arrangements with this application. Go to Part B – Supervised practice approval

NO

Please read the information below, then go to Part C – Payment and checklist



Once you have arranged a supervised practice placement, you must complete the form *Application for approval of supervised practice – AASP-60* which can be found at [www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au).



## PART B – Supervised practice approval

### SECTION J: Supervised practice details

30. Why are you undertaking supervised practice?

#### Choose appropriate option

I am an overseas qualified pharmacist who has successfully completed the Knowledge Assessment of Overseas Pharmacists conducted by the Australian Pharmacy Council, and am required to undertake a period of supervised practice.

Other (Provide details below)

Text input area for providing details for the 'Other' option.



Attach a separate sheet if all your reasons for undertaking supervised practice does not fit in the space provided.

31. How many hours of supervised practice are you seeking approval for?

#### Hours

SPECIFY

32. What is the proposed commencement date of supervised practice under this application?



Supervised practice may not commence prior to lodgement and approval of this application for provisional registration and approval of supervised practice.

#### Proposed commencement date

DD / MM / YYYY date input format



## SECTION K: Applicant's declaration



**Supervised practice can only commence once this application has been approved.** The applicant and preceptor will receive email notification from Ahpra of receipt of this application, and the outcome of this application.

I declare that the information contained in this application about me is true and correct.

I confirm that the supervised practice arrangements proposed in this application **will not commence** until I have confirmed on the public register that the supervised practice details have been recorded in the *Registration Requirements* field on my registration record.

Name of applicant <input type="text"/>	Signature of applicant 
Date DD / MM / YYYY <input type="text"/>	

## SECTION L: Premises details



This section **must** be completed by the **pharmacist in charge or director of pharmacy**.

33. What are the name and address details of your premises?

Site name <input type="text"/>
Site/building and/or position/department (if applicable) <input type="text"/>
<input type="text"/>
<input type="text"/>
Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET) <input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
City/Suburb/Town* <input type="text"/>
State/Territory* (e.g. VIC, ACT) <input type="text"/>
Postcode* <input type="text"/>



You **must** attach a separate sheet with details of any additional premises which are to be included in the training program.

34. What are the contact details for your premises?

Business hours <input type="text"/>	<input type="text"/>	Mobile <input type="text"/>	<input type="text"/>	<input type="text"/>
Facsimile <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email <input type="text"/>				





### 35. What is your premises type?



As outlined in the Board's *Supervised practice arrangements* registration standard, at least 50 per cent of the required supervised practice hours must be undertaken in a community pharmacy or a hospital pharmacy department, unless otherwise approved by the Board.

#### Mark only one box

- Community pharmacy – *Go to the next question*
- Hospital pharmacy department – *Go to question 39*
- Other – *Go question 37*

### 36. Does the community pharmacy have approval to supply pharmaceutical benefits under section 90 of the National Health Act 1953?

YES  *Go to question 39*

NO  *Go to question 38*

### 37. What is your premises type if it is not a premises outlined in question 35?



Other premises type may be approved by the Board if it provides a broad exposure to pharmacy practice and enables you to address the competency standards relevant to entry-level practice.

#### Mark only one box

- Pharmaceutical industry
- Compounding facility
- Other (*please specify*)

### 38. What are the range of pharmacy services provided at these premises?



To make sure you are suitably prepared to practise in any practice setting once you gain general registration, you should outline how the premises will contribute to providing exposure to a broad range of services during the completion of the supervised practise period required for general registration.

#### Mark all options applicable

- |                                                                    |                                                                             |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Dispensing (non-PBS medicines only)       | <input type="checkbox"/> Outpatients                                        |
| <input type="checkbox"/> Clinical pharmacy                         | <input type="checkbox"/> Diagnostic testing (e.g. blood glucose monitoring) |
| <input type="checkbox"/> Medicines information                     | <input type="checkbox"/> Screening and risk assessment                      |
| <input type="checkbox"/> Counselling patients                      | <input type="checkbox"/> Medication review services (e.g. MedsCheck, HMR's) |
| <input type="checkbox"/> Provision of non-prescription medicines   | <input type="checkbox"/> Drug information services                          |
| <input type="checkbox"/> Services to residential care facilities   | <input type="checkbox"/> Compounding of medicines                           |
| <input type="checkbox"/> Vaccination service                       | <input type="checkbox"/> Non-sterile manufacturing                          |
| <input type="checkbox"/> Filling of dose administration containers | <input type="checkbox"/> Sterile manufacturing                              |
| <input type="checkbox"/> Opioid substitution therapy               | <input type="checkbox"/> Cytotoxic manufacturing                            |
| <input type="checkbox"/> Services to private hospitals             | <input type="checkbox"/> Other ( <i>please specify below</i> )              |
| <input type="checkbox"/> Educational talks to community groups     |                                                                             |



You **must** attach a separate sheet detailing a proposal how the premises will provide good practice experience and exposure to a range of activities, and include a training plan as detailed in the *Intern pharmacist and preceptor guide*.

### 39. What is the minimum number of pharmacists holding general registration that will be working at the premises any time when interns are present?

#### Minimum number of pharmacists who hold general registration at the premises

### 40. What is the maximum number of interns (provisionally registered pharmacists) that will be working at the premises, including the intern on this application?



Supervised practice hours may only be undertaken in premises where the total number of provisionally registered pharmacists does not exceed the total number of supervising pharmacists at any time.

#### Number of interns at premises



41. Who is the proprietor(s) of the premises?

Title MR  MRS  MISS  MS  DR  OTHER

Family name of proprietor

First given name


Middle name(s)

Title MR  MRS  MISS  MS  DR  OTHER

Family name of proprietor

First given name

Middle name(s)

 You **must** attach to this application a separate sheet with any additional proprietor information if required.

42. What is the name of the pharmacist in charge or director of pharmacy?

Title MR  MRS  MISS  MS  DR  OTHER

Family name of the pharmacist in charge or director of pharmacy

First given name

Middle name(s)

Preferred name

Sex MALE  FEMALE

Certification of compliance for hospital pharmacy departments and community pharmacies

I certify that these premises comply with the approval requirements of the pharmacy approval authority in this jurisdiction.

Name of pharmacist in charge or director of pharmacy

Date

 /  / 

Signature of pharmacist in charge or director of pharmacy

 SIGN HERE

**SECTION M: Preceptor details**

This section **must** be completed by the **preceptor**.

**Eligibility criteria for preceptors**

A pharmacist may be approved as a preceptor if he or she will have been registered and have practised for at least 12 months prior to the commencement of the period of supervised practice covered by this application. To be eligible to proceed with this application as the nominated preceptor, you must answer YES to question 39 or outline your reasons in writing to the Board on why the criteria should not be applied in this case.

Preceptors should be aware of their ongoing continuing professional development obligations under the Board's Registration standard: Continuing professional development. For more information, see *Continuing professional development* in the *Information and definitions* section of this form.

For further information, refer to the *Registration standard: Supervised practice arrangements* which can be found at [www.pharmacyboard.gov.au/Registration-Standards](http://www.pharmacyboard.gov.au/Registration-Standards).

**Supervision of interns**

An approved preceptor is required to supervise the training of a provisionally registered intern or other person undertaking supervised practice, or delegate day-to-day supervision to a suitably qualified pharmacist at the approved site. A preceptor should be present at the training premises on a regular basis. Pharmacists who do not regularly practise at the training site are advised not to apply for approval as a preceptor as this role is considered best undertaken by pharmacists who can meet the on-site training requirements of supervised practice and preceptor requirements.

**Supervised practice across multiple training sites**

If supervised practice is undertaken concurrently across multiple training sites (as specified in *Section L: Premises details*), the approved preceptor is responsible for coordinating training across these sites.

**43. What are your details?**

<b>Title*</b>	
MR <input checked="" type="checkbox"/>	MRS <input checked="" type="checkbox"/> MISS <input checked="" type="checkbox"/> MS <input checked="" type="checkbox"/> DR <input checked="" type="checkbox"/> OTHER <input type="text" value="SPECIFY"/>
<b>Family name of preceptor</b>	
<input type="text"/>	
<b>First given name</b>	
<input type="text"/>	
<b>Middle name(s)</b>	
<input type="text"/>	
<b>Previous names known by (e.g. maiden name)</b>	
<input type="text"/>	
<b>Date of birth</b>	<b>Sex*</b>
<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	MALE <input checked="" type="checkbox"/> FEMALE <input checked="" type="checkbox"/>
<b>Registration number</b>	
<input type="text" value="P H A"/>	
<b>Email</b>	
<input type="text"/>	

**44. What is your year of initial general registration?**

<b>Year</b>
<input type="text" value="SPECIFY"/>

**45. Will you, on the proposed date of commencement of supervised practice detailed on this application, have held general registration as a pharmacist and have practised as a pharmacist for at least 12 months?**

YES  NO



Attach a separate sheet, if required, with your reasons for why this criteria should not be applied.



46. Have you acted as a preceptor for the purpose of conducting supervised practice (internship) before? YES

NO

47. Have you accessed the Preceptor guide and are you aware of your responsibilities as a preceptor? YES

NO

**Preceptor responsibilities**

The Board's *Preceptor guide* outlines the Board's expectations of preceptors conducting supervised practice, including their responsibilities and how they should prepare adequately for their role. The Board advises pharmacists who are seeking approval to conduct supervised practice to undertake a preceptor training program.

The *Preceptor guide* includes sample training programs to assist preceptors in developing an on-site training program to be conducted throughout the period of supervised practice, and advice regarding the conduct of formal discussion time during training. Information and training is also available from the intern training program provider.

The guide is published on the Board's website at [www.pharmacyboard.gov.au/Internship](http://www.pharmacyboard.gov.au/Internship)

48. How many hours each week do you have contact with the intern?

**i** For more information, see *Supervision of interns* at the start of *Section M: Preceptor details* in this form.

**Hours**

## SECTION N: Preceptor's declaration

**!** The preceptor **must** sign below. All correspondence to preceptors will be sent to the training site address if an email address has not been provided. The applicant and preceptor will receive email notification from Ahpra of receipt of this application, and the outcome of this application.

I declare that the information contained in this application about me is true and correct.

I confirm that the applicant's supervised practice arrangements proposed in this application **will not commence** until I have confirmed on the public register that the supervised practice details have been recorded in the *Registration Requirements* field on the applicant's registration record.

Name of preceptor

Date  /  /

Signature of preceptor



**PART C – Payment and checklist**

**SECTION 0: Payment**

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

<b>Application fee:</b>	+	<b>Registration fee:</b>	=	<b>Amount payable:</b>				
<b>\$157</b>		<b>\$ INSERT FEE</b>		<b>\$ INSERT FEE</b>				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Registration fee</td> <td style="text-align: right; padding: 2px;"><b>\$235</b></td> </tr> <tr> <td style="padding: 2px;">Registration fee for NSW registrants</td> <td style="text-align: right; padding: 2px;"><b>\$240</b></td> </tr> </table>	Registration fee	<b>\$235</b>	Registration fee for NSW registrants	<b>\$240</b>		<p>Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.</p>
Registration fee	<b>\$235</b>							
Registration fee for NSW registrants	<b>\$240</b>							

**Registration period**  
 Provisional registration is granted for a period of 12 months commencing from the date provisional registration is granted.

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

**49. 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: 5px; display: flex; align-items: center;"> <span style="font-size: 24pt; margin-right: 10px;">\$</span> <input style="width: 150px; height: 25px;" type="text"/> </div> <p>Visa or Mastercard number</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="width: 20%;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="width: 20%;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="width: 20%;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </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> <span style="margin: 0 5px;">/</span> <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: 25px; width: 100%;"></div> <p>Cardholder's signature</p> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px;"> </div> <div style="font-size: 24pt; color: #0070C0; opacity: 0.5;">SIGN HERE</div> </div>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



## SECTION P: Checklist

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

<i>Additional documentation</i>		Attached
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 3</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question 5</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question 10</b>	Certified copies of <b>all</b> of your relevant qualifications approved or considered to be equivalent by the Board and evidence of completing examination or assessments	<input type="checkbox"/>
<b>Question 10</b>	A separate sheet with additional qualification details	<input type="checkbox"/>
<b>Question 11</b>	Certificate of Registration status has been requested from relevant authority	<input type="checkbox"/>
<b>Question 11</b>	A separate sheet with additional registration history	<input type="checkbox"/>
<b>Question 12</b>	Your curriculum vitae	<input type="checkbox"/>
<b>Question 14</b>	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
<b>Question 15</b>	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 15</b>	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	<input type="checkbox"/>
<b>Questions 15 &amp; 16</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question 16</b>	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 17</b>	A separate sheet with any additional qualification details	<input type="checkbox"/>
<b>Question 17</b>	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
<b>Question 19</b>	Copy of your English language test results	<input type="checkbox"/>
<b>Question 20</b>	Certified copy of your English language test results	<input type="checkbox"/>
<b>Question 20</b>	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	<input type="checkbox"/>
<b>Question 22</b>	A separate sheet with your impairment details	<input type="checkbox"/>
<b>Question 23</b>	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
<b>Question 24</b>	A separate sheet with your cancellation, refusal or suspension details	<input type="checkbox"/>
<b>Question 25</b>	A separate sheet with your conditions, undertakings or limitations details	<input type="checkbox"/>
<b>Question 26</b>	A separate sheet with your disqualification details	<input type="checkbox"/>
<b>Question 27</b>	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
<b>Question 30</b>	A separate sheet with your additional reasons for undertaking supervised practice	<input type="checkbox"/>
<b>Question 33</b>	A separate sheet with details of additional premises	<input type="checkbox"/>
<b>Question 38</b>	A separate sheet proposing how the premises will provide good practice experience and exposure to a range of activities	
<b>Question 41</b>	A separate sheet with additional proprietor information	<input type="checkbox"/>
<b>Question 45</b>	A separate sheet with reasons for why the criteria should not be applied	<input type="checkbox"/>
<b>Payment</b>		
	Application fee	<input type="checkbox"/>
	Registration 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](http://www.ahpra.gov.au/registration/online-upload).  
You may contact Ahpra on 1300 419 495



## Information and definitions

### 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](http://www.ahpra.gov.au/registration/registration-process)
- be initialed on every page by the authorised officer. For a list of people authorised to certify documents, visit [www.ahpra.gov.au/certify.aspx](http://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](http://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](http://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.

### CONTINUING PROFESSIONAL DEVELOPMENT

A registered pharmacist must undertake the continuing professional development (CPD) required by the Board's *Registration standard: Continuing professional development*. Failure to do so may constitute behaviour for which health, conduct or performance action may be taken.

Registered pharmacists are required to complete 40 CPD credits for the 12 month period ending 30 September.

For more information, view the full registration standard online at [www.pharmacyboard.gov.au/Registration-Standards](http://www.pharmacyboard.gov.au/Registration-Standards)

### CRIMINAL HISTORY

**Criminal history** includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The Board will decide whether your criminal history is relevant to the practice of your profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. But if you have not given us certified proof of identity documents since October 2019, you will need to do this first.

Any document containing a photograph must be annotated with the statement 'I certify that this a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'

You may be required to obtain international criminal history reports.

For more information, view the full registration standard online at [www.pharmacyboard.gov.au/Registration-Standards](http://www.pharmacyboard.gov.au/Registration-Standards) and the requirements for supplying proof of identity and certified documents at [www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity](http://www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity) and [www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents](http://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents)

### CURRICULUM VITAE

Your curriculum vitae must:

- detail any gaps in your practice history of more than three months from the date you obtained your qualification
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

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

### ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence of English language skills that meet the Board's *Registration standard: English language skills* which can be found at

[www.pharmacyboard.gov.au/Registration-Standards](http://www.pharmacyboard.gov.au/Registration-Standards)

### IMPAIRMENT

The National Law defines impairment as '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'.

An illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples you do not need to tell us about include:

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan.

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 the individual uses their skills and knowledge as a practitioner in their regulated health 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 patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.



## PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise as pharmacist in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard.

Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of your practice. You may be covered by your Australian employer's PII - you will need to confirm this with your employer.

A policy must include an approved level of cover of not less than \$20 million for any single claim (i.e. for each claim), or for all claims in the aggregate, that may be made against the pharmacist. When you decide to cease practice, you must take out appropriate run-off cover for matters that would otherwise be uncovered arising from previous practice as a registered pharmacist.

For more information, view the full registration standard online at [www.pharmacyboard.gov.au/Registration-Standards](http://www.pharmacyboard.gov.au/Registration-Standards)

## REGISTRATION APPROVAL DATES

**On the date of the Board's approval** – this means your registration will start on the date all application requirements are received and you're assessed as eligible for registration.

**On the date below or the date of the Board's approval, whichever is the latter** – this means your registration will start on the date you nominated, providing it is after the date of the Board's approval. If not, then your registration will start on the date of the Board's approval.