



Application for provisional registration

Type: **Supervised**

Profession: **Osteopathy**

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

This form is for overseas-trained practitioners who:

- have successfully completed the assessments conducted by the Australasian Osteopathic Accreditation Council (AOAC) through the competent authority pathway, and
- are required to undertake a six month period of supervised practice in order to be eligible for general registration.

This application comprises:

- **Part A:** to be completed by the applicant
- **Part B:** to be completed by the primary supervisor
- **Part C:** to be completed by the applicant

It is important that you refer to the Osteopathy Board of Australia's (the Board) registration standards, codes, guidelines and policy documents before completing this application. These documents can be found www.osteopathyboard.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.



PART A – To be completed by the applicant

SECTION A: Application inclusions

1. Have you completed the AOAC assessments under the competent authority pathway?

YES

NO



You **must** attach to this application evidence of your completion of the AOAC assessments.

2. Have you completed the Supervised practice plan?

YES



You **must** attach to this application the *Supervised practice plan*.

NO



You **must** complete and attach to this application the *Supervised practice plan*. This form can **not** be submitted without the documents attached.



SECTION B: Personal details



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

3. What is your name?


Title* MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

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

 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.

4. What are your birth and personal details?

Date of birth / /

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)
 VIC NSW QLD SA WA NT TAS ACT

Sex*
 MALE FEMALE INTERSEX/INDETERMINATE

Languages spoken other than English (optional)*



SECTION C: 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.

5. 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

International (insert calling code)

Email

6. 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)

7. 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*



8. 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

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

Country (if other than Australia)

--






SECTION D: 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.

9. 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 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 E: Qualifications

- 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"/>	Category D documents			
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.



i 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.

10. Are you applying for registration from outside Australia? YES **Go to the next question** NO **Go back to question 9 to nominate the proof of identity you will provide with your application**

11. Can you meet the proof of identity requirements for applicants applying for registration within Australia? NO YES **Go back to question 9 to nominate the proof of identity you will provide with your application**

i 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 for further information.

Choose proof of identity documents to submit – then go to Section E: Qualifications

- 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 type="checkbox"/>	<input type="checkbox"/>	Birth certificate	NA	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Driver's licence	NA	<input type="checkbox"/>
Australian passport	<input type="checkbox"/>	<input type="checkbox"/>	Marriage certificate	NA	<input type="checkbox"/>
Australian visa (must be provided in conjunction with a foreign passport of travel document)	NA	<input type="checkbox"/>	Identity card	NA	<input type="checkbox"/>
	NA	<input type="checkbox"/>	Australia citizenship certificate	NA	<input type="checkbox"/>

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

i **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 E: Qualifications

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

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

Most recent qualification and examination/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date
 / /

i You **must** attach a certified copy of your original academic transcript and testimony or certificate that indicates completion of the qualification mentioned in this form.

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

13. How many years did you practice in the profession after gaining your initial qualification?

Years of consolidation (whole years only)



SECTION F: Registration history

14. What is your health practitioner registration history?

i If you have been registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing from **every** jurisdiction outside of Australia in which you are currently, or have previously, been registered as a health practitioner **during the past 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 previously 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 for your Ahpra state office address.

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

SECTION G: Work history

15. What is your full practice history?

i 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 details of any clinical or procedural training or skills development you have undertaken.

SECTION H: Supervised practice details

16. Have you received an employment offer for a supervised practice period?

YES NO

Provide details below

You **must** attach evidence of your offer of employment, e.g. letter of offer or email.

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

Supervised practice must not commence prior to approval of this application.

Commencement date
 /



21. 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?

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**

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.

Country	Check reference number

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

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

22. Have you previously been registered to practise as an osteopath in Australia and have used English as your primary language within the past five years?

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

YES I declare I have used English as my primary language within the past five years. **Go to question 27**

NO **Go to the next question**

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

i An evidence requirements guide is available at www.ahpra.gov.au/EnglishLanguageSkills.

Recognised country means one of the following countries:

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

Combined secondary and tertiary education pathway

You have undertaken and satisfactorily completed:

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

Extended education pathway

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

Primary language pathway

With overseas qualification in a non-recognised country
English is your primary language and you have undertaken and satisfactorily completed:

- all of your primary and secondary education taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

English language test pathway

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

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

i Ahpra may verify the information you provide below.

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

i 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/Education/Approved-Programs-of-Study

Combined secondary and tertiary education pathway **Provide details of secondary and tertiary education in the table on the next page, then go to question 27**

Extended education pathway **Provide details of secondary, vocational and tertiary education in the table on the next page, then go to question 27**

Primary language pathway This is a declaration that English is your primary language **Provide details of primary, secondary and tertiary education in the table on the next page, then go to question 27**

English language test pathway **Go to question 24**



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

YES NO 

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

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

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



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

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

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



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

YES NO

28. 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.

29. Have you met the Board's continuing professional development (CPD) standards in the past 12 months?



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

YES NO

30. Do you hold a current first aid certificate at the minimum standard of a Senior First Aid (Level 2) or equivalent?



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

YES NO 

All registered osteopaths (except those with non-practising registration) **must** maintain a current first aid certificate at the minimum standard of a Senior First Aid (Level 2) certificate or equivalent.

31. 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.

32. 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.

33. 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.



34. 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?

i **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.

35. 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.

! PART B – To be completed by the primary supervisor

SECTION K: Supervisor details

36. What are the details of the primary supervisor(s)?

i The alternate supervisor is nominated in the event that the primary supervisor is no longer able to discharge their duties.

Primary supervisor

MR MRS MISS MS DR OTHER

Family name

First given name

Position

Business phone

Email

Alternate supervisor

MR MRS MISS MS DR OTHER

Family name

First given name

Position

Business phone

Email



SECTION L: Supervisor's undertaking

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

I further undertake to:

- ensure that the applicant is practising safely and is not placing the public at risk
- observe the applicant's work, conduct case reviews, periodically conduct performance reviews and identify and address any problems
- notify the Board immediately if I have concerns about the applicant's clinical performance, health or failure to comply with conditions or undertakings
- ensure that the applicant practises in accordance with work arrangements approved by the Board
- obtain approval of the Board for any proposed changes to work arrangements before they are implemented
- inform the Board if I am no longer able to undertake the role of the applicant's supervisor
- provide work performance reports to the Board in a form approved by the Board at subsequent intervals as determined by the Board.

Name of primary supervisor	Signature of primary supervisor
<input type="text"/>	 SIGN HERE
Date	
<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	





PART C – To be completed by the applicant

SECTION M: 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

 / /



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SECTION N: Payment

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

Use the table below to select your registration fee. Your registration fee depends on your principal place of practice.

Application fee:	+	Registration fee:	=	Amount payable:				
\$214		\$ INSERT FEE		\$ INSERT FEE				
		<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Registration fee</td> <td style="text-align: right;">\$214</td> </tr> <tr> <td>Registration fee for NSW registrants</td> <td style="text-align: right;">\$277</td> </tr> </table>	Registration fee	\$214	Registration fee for NSW registrants	\$277		<p>Applicants must pay 100% of the stated fees at the time of submitting the application.</p>
Registration fee	\$214							
Registration fee for NSW registrants	\$277							

Registration period
 If your application is approved you will be registered for 12 months from the date of approval.

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

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

Credit/Debit card payment slip – please fill out

Amount payable

Visa or Mastercard number

Expiry date

 /

Name on card

Cardholder's signature

SIGN HERE



SECTION 0: Checklist

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

<i>Additional documentation</i>		Attached
Question 1	Evidence of completion of the AOAC assessments	<input type="checkbox"/>
Question 2	A completed <i>Supervised practice plan</i>	<input type="checkbox"/>
Question 3	Evidence of a change of name	<input type="checkbox"/>
Question 9	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 11	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 12	Certified copies of all of your relevant qualifications approved or considered to be equivalent by the Board	<input type="checkbox"/>
Question 12	A separate sheet with your additional qualification details	<input type="checkbox"/>
Question 14	A separate sheet with your additional registration details	<input type="checkbox"/>
Question 14	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
Question 15	You curriculum vitae	<input type="checkbox"/>
Question 16	Evidence of your offer of employment	<input type="checkbox"/>
Question 19	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Question 20	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
Question 20	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	<input type="checkbox"/>
Questions 20 & 21	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question 21	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
Question 23	A separate sheet with any additional qualification details	<input type="checkbox"/>
Question 23	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
Question 25	Copy of your English language test results	<input type="checkbox"/>
Question 26	Certified copy of your English language test results	<input type="checkbox"/>
Question 26	Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	<input type="checkbox"/>
Question 28	A separate sheet with your impairment details	<input type="checkbox"/>
Question 31	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
Question 32	A separate sheet with your cancellation, refusal or suspension details	<input type="checkbox"/>
Question 33	A separate sheet with your previous conditions, undertakings or limitation details	<input type="checkbox"/>
Question 34	A separate sheet with your disqualification details	<input type="checkbox"/>
Question 35	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
Payment		
	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.
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
- 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
- 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 if any of the documentation that you are providing in support of your application is in another name(s).

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

- Standard Marriage Certificate (ceremonial certificates will not be accepted)
- Deed Poll
- Change of Name Certificate

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

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

All registered practitioners must undertake CPD as specified in the Board's *Continuing professional development registration standard* to maintain their competence to practice. CPD should be relevant to your area of professional practice and have clear learning aims and objectives that meet your requirements. CPD activities should also have a focus on the clinical aspects of practice, including diagnosis, evidence-based practice and patient safety.

To maintain their competence to practice, all registered osteopaths (except those with non-practising registration) must:

- undertake 25 hours of CPD annually, which includes a mandatory CPD activity approved by the Board, and
- maintain a current first aid certificate at the minimum standard of a Senior First Aid (level 2) certificate or equivalent.

For more information, view the full registration standard online at www.osteopathyboard.gov.au/Registration-Standards

CRIMINAL HISTORY

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

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

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made.

The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession.

You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. You may be required to obtain international criminal history reports.

For more information, view the full registration standard online at www.osteopathyboard.gov.au/Registration-Standards

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, and the reasons for those gaps (e.g. undertaking study, travel, family commitment)
- include evidence of continuing professional development as per the Board's *Continuing professional registration standard*, found at www.osteopathyboard.gov.au/Registration-Standards
- include whether the position was full-time or part-time and, if part-time, include hours of work per week
- detail how you have maintained your involvement and connection with the profession (e.g. list membership with professional associations, professional network etc.)
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)'
- be the signed original curriculum vitae (no faxes or scanned copies will be accepted).

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

ENGLISH LANGUAGE SKILLS

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

IMPAIRMENT

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

PRACTICE

Practice means any role, whether remunerated or not, in which 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 must have PII, or some alternative form of indemnity cover that complies with the Board's registration standard, for all aspects of your practice.

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

For more information, view the full registration standard online at www.osteopathyboard.gov.au/Registration-Standards



REGENCY OF PRACTICE

To ensure that you are able to practise competently and safely, you will be required to meet the Board's recency of practice requirements with any application for renewal.

To ensure you are able to practise competently and safely, all practising registrants must undertake at least 450 hours of practice in the previous three years in order to maintain recency of practice in your current domain of practice as an osteopath.

The specific requirements for recency depend on the field of practice, your level of experience and the length of absence from the field. If you propose to change your field of practice, the Board will consider whether your peers would view the change as a normal extension or variation within a field of practice, or a change that would require specific training and demonstration of competence.

Practitioners who are unable to meet the recency of practice requirements will be required to submit a plan for re-entry to practice for the Board's consideration and may be required to undertake an assessment of their competency to practise or complete specific education.

For more information, view the full registration standard online at www.osteopathyboard.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.