



# Renewal of limited registration for teaching or research

## Profession: Optometry

Part 7 Division 9 of the Health Practitioner Regulation National Law (the National Law)

### Renewal of your registration

**This form is for renewal of your current limited registration for teaching or research only.**

You must provide written notice to the Optometry Board of Australia (the Board) within 30 days of any change to either your principal place of practice, or the address the Board should use to correspond with you.

You can change these details using this form, or via your secure login at [www.ahpra.gov.au/login](http://www.ahpra.gov.au/login)

You cannot make changes to other personal or registration details using this form. If you wish to make other changes, please visit the Australian Health Practitioner Regulation Agency (Ahpra) website and download the appropriate form: [www.ahpra.gov.au/Common-Forms.aspx](http://www.ahpra.gov.au/Common-Forms.aspx)

Please read, complete and return this form with the prescribed payment amount(s) to Ahpra. Contact details can be found at the end of this form.

### Decision process

The Board will make a decision on your application.

If you submit a valid application for renewal your current registration will continue in force until the renewal application is decided by the Board.

A valid application for renewal is one that:

- Is received no later than one month after the expiry date, uses the correct Board approved form and all parts of the form are completed
- Is accompanied by the correct renewal fee and the where applicable the correct late payment fee
- Is accompanied by any other information requested by the Board

Refer to section 107 of the National Law for full details of the requirements of application for renewal.

If you fail to submit your application with payment in full within 30 days of the expiry date above, your registration will expire and you will not be able to practise the profession in Australia.

To resume practice you will need to apply for registration by completing a new application form; please visit [www.optometryboard.gov.au/registration/forms](http://www.optometryboard.gov.au/registration/forms) to download the correct form.

### Privacy and confidentiality

The information collected in this form:

- is required by the National Law to see if you are eligible for renewal of registration, and to maintain the public register of practitioners on the Internet
- will be used to manage your registration (including your compliance with the National Law), and
- may be used for the proper operation of the National Law (e.g. for research relevant to the Law).

If you do not provide the required information, you may not be granted renewal.

The Board and Ahpra may:

- ask other people (such as government agencies and health authorities) for information relevant to your application, such as identification, criminal record, work history and immigration status, and
- disclose your information to such people where this is required or permitted by the law (e.g. to advise of your registration status, or where the information is required for a health regulator to perform its functions).  
Note: the health regulators we may disclose your information to may be overseas, if for example you have an international practice.

Ahpra may also verify your registration details, including your date of birth and address, to other people (such as prospective employers) who disclose that information to Ahpra to confirm your identity. Ahpra will only do this where the person seeking verification has given a legal undertaking they have your consent to this verification. The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth).

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. The policy can be accessed at

<https://www.ahpra.gov.au/About-Ahpra/Privacy.aspx>

### 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.

### Completing this form

- Read and **complete all questions**.
- Ensure that **all required pages** and **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.



## Information and definitions

The Board's Registration Standards define the requirements that applicants and registrants need to meet to be registered; these can be found online at [www.optometryboard.gov.au/Registration-Standards](http://www.optometryboard.gov.au/Registration-Standards)

The Board's Policies, Codes and Guidelines can be found online at [www.optometryboard.gov.au/Policies-Codes-Guidelines](http://www.optometryboard.gov.au/Policies-Codes-Guidelines)

## 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 initialled 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)

## CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Registered practitioners must meet the requirements of the Board's CPD registration standard. For more information, view the full registration standard online at: [www.optometryboard.gov.au/Registration-Standards/CPD](http://www.optometryboard.gov.au/Registration-Standards/CPD)

## 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.optometryboard.gov.au/Registration-Standards](http://www.optometryboard.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)

## 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 an optometrist 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 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.optometryboard.gov.au/Registration-Standards/Professional-indemnity-insurance](http://www.optometryboard.gov.au/Registration-Standards/Professional-indemnity-insurance)

## REGENCY OF PRACTICE

To ensure that you are able to practise competently and safely, you must have recent practice in the field in which you intend to work during the period of registration for which you are applying.

The specific requirements for recency means you must practice the profession a minimum of 450 hours every three years. You must also notify the Board and meet specific requirements if you change to a different field or scope of practice.

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



## 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 of conduct and policies.

### 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.



# Renewal of limited registration for teaching or research form

Profession: **Optometry**

- Read and **complete all questions**
- It is important that **all required pages** and **attachments** are returned to Ahpra
- Use a **black** or **blue** pen only
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:

## SECTION A: Registration details and cultural identity

**Your current registration details:** (e.g. Profession, Registration type, Registration sub type, Division, Specialist)

### A1. Do you wish to renew your current limited registration as an optometrist?



**PLEASE ENSURE THAT YOU READ THE FOLLOWING OPTIONS CAREFULLY, AS SELECTING THE INCORRECT OPTION MAY CAUSE YOUR REGISTRATION TO LAPSE**



I wish to **RENEW** my registration

**Go to question A3 and**

- **complete the rest of this form, then**
- **return ALL pages to Ahpra.**



I **DO NOT WISH TO RENEW** my registration

**You must:**

- **complete ONLY A2, and**
- **return ONLY this page to Ahpra.**

### A2. You must read and sign the statement below:

I am the person named in this document and **choose not to renew** my registration, as marked above.

I understand that:

- by not renewing my registration I will no longer be able to practise the profession in Australia after the expiry date on the front of this form.
- once my registration expires any endorsements, conditions and notations related to the associated registration will also expire.

Name of registrant

Signature of registrant


SIGN HERE

Date

 /  / 


**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



A3. What is your name?

Title MR  MRS  MISS  MS  DR  OTHER

Family name

First given name

Middle name(s)

A4. What is your registration number?

Registration number

A5. What are your birth details?

Date of birth  /  /  Country of birth

City/Town/Community of birth  State/Territory/Province of birth

A6. Are you of Aboriginal or Torres Strait Islander origin?

The [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy](#) aims to make patient safety for Aboriginal and Torres Strait Islander Peoples the norm. We strive to embed cultural safety in the ways we work. Your response to this question will help us do this and help us develop better ways of working to support this goal.

YES  NO

Mark all applicable options

Aboriginal  Both Aboriginal and Torres Strait Islander

Torres Strait Islander  Prefer not to say

Contact information

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.

A7. Do you need to update your contact details?

YES  NO

If your contact details have changed in the last 12 months, you should tell us about it here.

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

Business hours     Mobile

After hours

Email



**A8. Do you need to update your residential address?**

YES

NO



If your residential address has changed in the last 12 months, you should tell us about it here.

**Provide your current residential address 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 or territory** (e.g. VIC, ACT)/**International province**      **Postcode/ZIP**

**Country (if other than Australia)**



**Principal place of practice**

If you need to change the address for your principal place of practice you must submit a [Supervised practice plan template – SPPA-00](#). As you hold limited registration, you are unable to commence employment in a location other than those currently listed on your registration until your application has been approved.

**A9. Do you need to update your mailing address?**

YES

NO



If your mailing address changed in the last 12 months, you should tell us about it here. It's important that your contact details are up to date so that you comply with your legislative requirements and we can contact you if we need to.

**Provide your current 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 B: Mandatory - Annual statements

**i** In accordance with section 109 of the National Law, the following questions **must** be answered for Ahpra to assess your renewal. It is important that you refer to the Board's registration standards when completing this form. This information can be found at [www.optometryboard.gov.au/Registration-Standards](http://www.optometryboard.gov.au/Registration-Standards)

Audits of these annual statements will be conducted by the Board to verify compliance with the registration standards. These standards provide information on the evidence the Board expects registrants to maintain for the purposes of the audit.

**Preceding period of registration** refers to the period of time between the first and last day of your **current** registration.

**B1. Do you meet the Board's recency of practice requirements?**

YES

NO

**i** For more information, see *Recency of Practice* in Information and definitions on page two of this form.

**Provide details of why the recency of practice requirements have not been met**

Text input area with horizontal dashed lines for providing details.



You **must** attach sufficient evidence to meet the requirements of the Board's *Recency of practice registration standard*. The length of absence from practice, or if you have changed your scope of practice, will determine the action you need to take and the information you need to provide.

**B2. In the previous registration period did you meet the requirements of the Board's Continuing professional development registration standard?**

YES

NO

**i** For more information, see *Continuing Professional Development* in the Information and definitions section of this form or the full registration standard online at [www.optometryboard.gov.au/Registration-Standards/CPD](http://www.optometryboard.gov.au/Registration-Standards/CPD)

**Provide details of CPD you have undertaken and why the CPD requirements have not been met**

Text input area with horizontal dashed lines for providing details.



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

**B3. In the previous registration period, did you meet the Board's registration standard for professional indemnity insurance arrangements?**

YES

NO

**i** For more information, see *Professional Indemnity Insurance* in Information and definitions on page two of this form.

**Provide details of your circumstances below**

Text input area with horizontal dashed lines for providing details.



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



**B4. Do you commit to meet the Board's registration standard for professional indemnity insurance arrangements?**

YES

NO



When practising, you must have appropriate professional indemnity arrangements in place that meet the Board's standard. For more information, see *Professional Indemnity Insurance* in Information and definitions on page two of this form.

Provide details of your circumstances below

Form area with horizontal dashed lines for providing details of circumstances.



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

**B5. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?**

YES

NO



For more information, see *Impairment* in Information and definitions on page two of this form.

Provide details of your impairment below, including details of any treatment plan or medical documentation

Form area with horizontal dashed lines for providing details of impairment.



You **must** attach additional details of any impairments, including treatment plan and medical certificate/documentation, that do not fit in the space provided.

**B6. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?**



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

YES

NO  **Go to the next question**



You **must**:

- attach a signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances, and
- supply proof of your identity.

In order for a nationally coordinated criminal history check to be conducted by Ahpra and the National Board for the purpose of assessing this renewal of registration you must supply certified copies of your proof of identity documents. Refer to [www.ahpra.gov.au/identity](http://www.ahpra.gov.au/identity) for further information.





**B7. Since your last declaration to Ahpra, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to Ahpra?**

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 the change in your criminal history in a signed and dated written statement.

**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)

Country	Check reference number

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

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

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

**B8. During your preceding period of registration, has your right to practise at a hospital or another facility at which health services are provided been withdrawn or restricted because of your conduct, professional performance or health?**

YES

NO

**Provide details of the withdrawal or restriction of the right to practise**

.....

.....

.....

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

**B9. During your preceding period of registration, have you been disqualified or subject to a final determination under the *Health Insurance Act 1973* (Cth) because of your conduct, professional performance or health?**



- Answer no if:
- your billing privileges have not been disqualified or subject to a final determination under the Health Insurance Act 1973 (Cth),
  - it is not relevant to you,
  - you are prohibited from disclosing it under the Health Insurance Act 1973 (Cth).

YES

NO

**Provide details in the text box below. You can also upload any extra material after your renewal has been finalised through the online upload portal here.**

.....

.....

.....

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



**B10. Have you previously disclosed to Ahpra all known complaints made about you to:**

- a registration authority; or
- another entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners (in Australia or elsewhere)?



'Complaints' refers to matters other than those made since 1 July 2010, under the National Law and already reported to Ahpra. **If you are not aware of any complaints made about you please select N/A.**

N/A

I am not aware of any complaints

YES

I have already disclosed all known complaints

NO

**I do need to declare a complaint**



Attach details of all known complaints made about you since you last renewed your registration. Please include details about to whom the complaint was made and when the complaint was made.

**SECTION C: Limited registration (teaching or research) requirements**



The following questions relate to requirements for renewal of limited registration. Limited registrants seeking renewal will be required to comply with the Board's registration standard for limited registration for teaching or research when they renew their limited registration. Under the National Law the Board cannot renew limited registration more than three times. However, a new application for limited registration can be made. This renewal applies only to the position and circumstances of registration as previously approved by the Board. A separate application must be made for any change to the circumstances of the registration.

For more information view the Board's limited registration standards online at [www.optometryboard.gov.au/Registration-Standards](http://www.optometryboard.gov.au/Registration-Standards)

**C1. Do you continue to undertake the designated teaching or research position which was the basis for your application for limited registration for teaching or research?**

YES



You **must** attach a letter from your employer confirming that you continue to undertake this role.

NO



You **must** submit a new application for limited registration based on the role that you are now undertaking.

**C2. What is the completion date of the position?**

Completion date

/  /

**C3. How many months do you require the limited registration (maximum of twelve months)?**

Months

**C4. If you have a supervised practice plan approved by the Board, have you complied with it?**

N/A

I do not have a supervised practice plan

YES

I have complied with my supervised practice plan approved by the Board

NO

**Provide details of why you have not complied with your supervised practice plan**



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




# SECTION D: Consent and declaration

**Before you sign and date this form,** make sure that you have answered all 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.

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

### D1. Please provide contact details for your principal supervisor.

 It is important that you refer to the Board's supervision guidelines before completing this section.

MR  MRS  MISS  MS  DR  OTHER

Family (legal) name

First given name

Position

Registration number  During business hours (phone)

Email

I undertake to:

- be the applicant's principal 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, and
- provide reports to the Board regarding the applicant's safety and competence in the limited registration category in accordance with requirements set 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, and
- provide supervision reports to the Board in a form approved by the Board at subsequent intervals as determined by the Board.

Name of principal supervisor

Date  /  /

Signature of principal supervisor

**Applicant's consent and declaration - *To be completed and signed by the applicant*****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.

Name of registrant

Date

 /  / 

Signature of registrant

 **SIGN HERE**



Employer/education provider's declaration - *To be completed and signed by the employer/education provider*

**D2. Please provide contact details for an employer contact person within the organisation.**

Name of employer organisation

MR  MRS  MISS  MS  DR  OTHER

Family (legal) name of employer contact

First given name

Position

During business hours (phone)

Email

I declare that the information provided in this document is true and correct.

I confirm that the registrant will continue to practise within the terms of the limited registration as previously granted by the Board.

Name of employer/education provider

Date  
 /  /

Signature of employer/education provider



***This page has been intentionally left blank.***



# SECTION E: Payment

### Renewal fee

You are required to pay a renewal fee. Use the table below to select your renewal fee based on your principal place of practice.

### Late fee

You are required to pay a late fee if your renewal is received by Ahpra **within** one calendar month **after** your registration expiry date. Applications will not be accepted more than one month after your registration expiry date. If you post this form, please allow enough time for your application to reach Ahpra.

### Which fee applies to me?

If this renewal is received by Ahpra **on** or **before** your registration expiry date, the required payment amount is:

**OR**

If this renewal is received by Ahpra **within** one calendar month **after** your registration expiry date, the required payment for late renewal is:

Payment amount:	
\$ INSERT FEE	
Renewal fee	<b>\$361</b>
Renewal fee for NSW registrants	<b>\$301</b>

Late payment amount:	
\$ INSERT FEE	
Renewal fee	<b>\$361</b>
Renewal fee for NSW registrants	<b>\$301</b>
Late payment fee	<b>\$30</b>

*Please allow enough time for your application to reach Ahpra.*

E1. 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 F: Checklist

Have the following items been attached or arranged if required?

<i>Additional documentation</i>		Attached
<b>Question B1</b>	Sufficient evidence to meet the requirements of the Board's <i>Recency of practice registration standard</i>	<input type="checkbox"/>
<b>Question B2</b>	A separate sheet with details of CPD you have undertaken and why the CPD requirements have not been met	<input type="checkbox"/>
<b>Question B3</b>	A separate sheet with details of why you have not met PII requirements	<input type="checkbox"/>
<b>Question B4</b>	A separate sheet with details of why you do not commit to only practise the profession in Australia in accordance with the requirements of the Board's <i>Professional indemnity insurance arrangements registration standard</i>	<input type="checkbox"/>
<b>Question B5</b>	A separate sheet with your impairment details	<input type="checkbox"/>
<b>Question B6</b>	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
<b>Question B6</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question B7</b>	A separate sheet of overseas countries and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question B7</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question B7</b>	A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances	<input type="checkbox"/>
<b>Question B8</b>	A separate sheet with details of the withdrawal or restriction of the right to practise	<input type="checkbox"/>
<b>Question B9</b>	A separate sheet with details of the withdrawal or restriction of your billing privileges	<input type="checkbox"/>
<b>Question B10</b>	A separate sheet with support papers detailing any complaints made during your preceding period of registration	<input type="checkbox"/>
<b>Question C1</b>	A letter from your employer confirming that you continue to undertake this role	<input type="checkbox"/>
<b>Question C4</b>	A separate sheet with details of why you have not complied with your supervised practice plan	<input type="checkbox"/>
<b>Payment</b>		
	Renewal fee	<input type="checkbox"/>
	Late 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