



## Application for specialist registration For applicants who do not hold general registration


Profession: **Medical**

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

This form is for graduates of Australian and New Zealand medical schools and international medical graduates (IMGs) who are qualified and eligible for specialist registration who do **not** hold general registration and who are applying to practise within a medical specialty.

Specialists who want to apply for specialist registration in more than one specialty must complete a separate ASPC-30 form and pay an application fee for each specialty being added.

It is important that you refer to the Medical Board of Australia's (the Board) registration standards, codes and guidelines before completing this application. Registration standards, codes and guidelines can be found at [www.medicalboard.gov.au](http://www.medicalboard.gov.au)






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

### Privacy and confidentiality

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


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

### Symbols in this form

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


### Completing this form

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

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

## PART A – To be completed by the applicant

### SECTION A: Personal details

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

1. What is your name and date of birth?

**Title\***  
MR  MRS  MISS  MS  DR  OTHER


**Family name\***

**First given name\***

**Middle name(s)\***

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

**Date of birth**  /  /

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



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

**Country of birth**

**City/Suburb/Town of birth**

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

**Sex\***  
 MALE  FEMALE  INTERSEX / INDETERMINATE

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

**3. Do you currently hold registration with the Board?**

YES  NO  **Go to the next question**

**Provide your medical registration number – then go to Section C: Contact information**

Registration number\*

**SECTION B: Proof of identity**



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

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

YES  NO  **Go to the next question**

- 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](http://www.ahpra.gov.au/translate) for further information.
  - If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
  - For documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'
  - All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

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

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

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

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



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

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

6. Can you meet the proof of identity requirements for applicants applying for registration within Australia? NO  YES  Go back to question 4 to nominate the proof of identity you will provide with your application

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

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

- At least **one** document must be in your current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. Please refer to *Translating documents* at [www.ahpra.gov.au/translate](http://www.ahpra.gov.au/translate) for further information.

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

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

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



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



**Certifying documents**

- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- For documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.



# SECTION C: Contact information



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

## 7. What are your contact details?

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

**Business hours**     **Mobile**

**After hours**

**Email**

## 8. What is your residential address?



If you are not currently practising, or are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (\*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

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

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

**City/Suburb/Town\***

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

**Country (if other than Australia)**

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

YES

NO  *Provide your Australian principal place of practice below*



Principal place of practice for a registered health practitioner is:

- the address at which you predominantly practise the profession, or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (\*) will appear on the public register.

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

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

**City/Suburb/Town\***

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



10. What is your mailing address?



Your mailing address is used for postal correspondence

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**City/Suburb/Town**

\_\_\_\_\_

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

\_\_\_\_\_      \_\_\_\_\_

**Country (if other than Australia)**

\_\_\_\_\_

**SECTION D: Qualification for the profession**



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

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

11. What are the details of your relevant qualifications?

**Primary degree in medicine**

Title of qualification

\_\_\_\_\_

Name of institution (University/College/Examining body)

\_\_\_\_\_

Country

\_\_\_\_\_

Start date      Completion date

MM / YYYY      MM / YYYY

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** The Board maintains a list of approved specialties, fields of specialty practice and related specialist titles. The *List of specialties, fields of specialty practice and related specialist titles* can be found on the Board's website: [www.medicalboard.gov.au](http://www.medicalboard.gov.au)  
**Specialties not listed on the approved list will not meet the eligibility requirements for specialist registration.**

**Specialist qualification**

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

Field of specialty practice (if applicable)

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

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

Name of specialist college or awarding body

Country of qualification

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

 / 


**Approved qualification**

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

For further information see the Board's registration standard for specialist registration

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

**Specialist pathway for specialist international medical graduates**

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

**Expedited specialist pathway for specialist international medical graduates**

You must attach evidence of your overseas specialist medical qualification. Your qualification must be on the Board's *Expedited specialist pathway: accepted qualifications list* published at [www.medicalboard.gov.au](http://www.medicalboard.gov.au).



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

**12. Are you a specialist international medical graduate?**



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

YES

**Go to the next question**

NO

**Go to Section G: Orientation and cultural safety**

**SECTION E: Primary source verification of qualifications**



For your application to be considered, you must have applied to have your qualifications verified through the Educational Commission for Foreign Medical Graduates (ECFMG) and the Australian Medical Council (AMC). For more information about the process go to the AMC website [www.amc.org.au](http://www.amc.org.au).

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

YES

**Provide your AMC candidate number below**

AMC candidate number

NO



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



## SECTION F: Pathway for specialist international medical graduates

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

**Specialist pathway – Go to question 19**

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

**Expedited specialist pathway – Go to the next question**

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

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

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

NO  My qualification is not on the *Expedited specialist pathway: accepted qualifications list*.



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

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



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

YES

NO

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

A list of AMC-accredited Australasian medical colleges is published at [www.medicalboard.gov.au](http://www.medicalboard.gov.au)

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



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

YES

NO  **Go to the next question**

**Attachment required below – then go to Section G: Orientation and cultural safety**



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

18. Do you have proposed supervised practice arrangements?



If you have secured employment, you may provide details of your proposed supervised practice arrangements by completing and attaching a supervised practice plan, in accordance with the Board's Supervised practice framework.

Refer to *Supervised practice plan template* at [www.medicalboard.gov.au/Registration/Supervised-practice-framework](http://www.medicalboard.gov.au/Registration/Supervised-practice-framework).

YES




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

NO  We can assess and decide your application without proposed supervision arrangements.




## SECTION G: Orientation and cultural safety

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

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

YES

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

NO

I have not completed this requirement.

N/A


I am exempt from meeting this requirement.

**Provide reasons for your exemption**

.....


.....

.....

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

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

YES

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

NO

I have not completed this requirement.

N/A


I am exempt from meeting this requirement.

**Provide reasons for your exemption**

.....

.....

.....

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

## SECTION H: Registration history

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

YES

*Go to the next question*

NO

*Go to question 24*

**22. Since you were granted registration in Australia, have you practiced as a health practitioner outside of Australia?**

YES

*Go to question 24*

NO

*Go to the next question*

**23. Since you were granted registration in Australia, has your registration status or good standing in a country other than Australia changed?**

YES

*Go to the next question*

NO

*Go to Section I: Work history*





**24. What is your health practitioner registration history?**

**i** 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 10 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  /  /

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

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

**SECTION I: Work history**

**25. 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 any clinical or skills training undertaken.

**SECTION J: Registration period**

**i** The annual registration period for the medical profession is from 1 October to 30 September each year. If your registration is granted in August or September this year, you will be registered until 30 September next year. If your registration is granted before August, you will be registered until 30 September this year and you must renew your registration by 30 September.

**26. If this application is approved, when would you like your specialist registration to begin?**

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

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

/  /

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





## SECTION K: Suitability statements

 Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.


Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to [www.medicalboard.gov.au/Registration-Standards](http://www.medicalboard.gov.au/Registration-Standards) for further information.


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


YES   *Go to the next question*

NO   *Go to question 30*

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


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

YES   NO  


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

**29. 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 question 33*

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.*

 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)

**Provide details below, then go to question 33**


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.

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

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

YES   NO  

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



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

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

If you answer **Yes** to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page.

For a list of approved vendors and further information about international criminal history checks, refer to [www.ahpra.gov.au/internationalcriminalhistory](http://www.ahpra.gov.au/internationalcriminalhistory)

NO  **Go to the next question**

YES  **You are required to:**

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

Country	Check reference number

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

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

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

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

**i** If you answer **Yes** to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page.

For a list of approved vendors and further information about international criminal history checks, refer to [www.ahpra.gov.au/internationalcriminalhistory](http://www.ahpra.gov.au/internationalcriminalhistory)

NO  **Go to the next question**

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

Country	Check reference number

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

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

**33. Are you currently, or have you previously been registered to practise as a medical practitioner in Australia and have used English as your primary language within the past five years?**

**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 38**

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/Registration/Registration-Standards/English-language-skills](http://www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills).

*Recognised country* means one of the following countries:

- Australia
- 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*.

**34. 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.

Combined secondary and tertiary education pathway

Provide details of secondary and tertiary education in the table below, then go to question 38

Extended education pathway

Provide details of secondary, vocational and tertiary education in the table below, then go to question 38

Primary language pathway

This is a declaration that English is your primary language. Provide details of primary, secondary and tertiary education in the table below, then go to question 38

English language test pathway

Go to question 35

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

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



Please attach a separate sheet with any additional details that do not fit in the space provided above.

**i** The qualification that is relied on for registration must have been taught and assessed solely in English. If the Board cannot verify this through the current World Directory of Medical Schools, you may be asked to provide an academic transcript of your medical qualification which confirms that it was taught and assessed solely in English. Where a transcript is required, if the transcript does not confirm that the course was taught and assessed in English, you will be required to arrange for a letter to be provided directly to Ahpra by the education provider confirming that the course was taught and assessed solely in English.

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

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

One sitting  Provide date of test below, then go to the next question and complete details for one sitting

Two sittings  Provide dates below, then go to the next question and complete details for both sittings

Sitting one DD/MM/YYYY

Sitting two DD/MM/YYYY



**36. Which of these English language tests have you successfully completed?**

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

**International English Language Test System (IELTS) Academic module**  
 Test report form number – sitting one:    
 Test report form number – sitting two (if applicable):

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

**Occupational English Test (OET)**  
 Candidate number – sitting one:    
 Candidate number – sitting two (if applicable):

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

**Pearson Test of English Academic (PTE Academic)**  
 Registration ID – sitting one:   
 Registration ID – sitting two (if applicable):

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

**Test of English as a Foreign Language internet-based test (TOEFL iBT)**  
 Registration number – sitting one:   
 Registration number – sitting two (if applicable):

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

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

- NZREX**
- PLAB test**

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

**37. 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.

**38. 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



39. Do you meet the recency of practice registration standard?



To meet the standard, medical practitioners must have practised within their scope of practice for a minimum total of:

- four weeks full-time equivalent in one registration period, which is a total of 152 hours, or
• 12 weeks full-time equivalent over three consecutive registration periods, which is a total of 456 hours.

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

YES [checkbox]

NO [checkbox] Go to the next question

Mark all options applicable to your application – then go to question 42

- [checkbox] I have practiced a minimum of four weeks full-time equivalent (152 hours) in the last year.
[checkbox] I have practiced a minimum of 12 weeks full-time equivalent (456 hours) over the last three years.

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



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

YES [checkbox] Go to the next question

NO [checkbox]

Mark all options applicable to your application – then go to question 42

- [checkbox] I have practiced within the last 12 months.
[checkbox] I have not practiced within the last 12 months.



You are required to commence work under supervision in a training position approved by the Board. You must attach details of the supervised training position you propose to take up.

41. How long have you been absent from practise?

Choose appropriate option

- [checkbox] Less than one year
[checkbox] Between one and three years



You must attach evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice.

- [checkbox] More than three years



You must attach a plan for professional development and re-entry to practice for consideration by the Board. Refer to information relating to re-entry to practice at www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ

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

YES [checkbox]

NO [checkbox]



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

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

YES [checkbox]

NO [checkbox]



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

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



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

The CDNA has developed guidance on exposure-prone procedures in Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017 available online at

https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en

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

YES [checkbox] Go to the next question

NO [checkbox] Go to question 46



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



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

YES

NO

46. 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.

47. 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.

48. 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.

49. 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.

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



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

YES

NO



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

51. 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 and signed by the applicant and agent**

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

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

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

YES  **Complete applicant authorisation and arrange for agent to complete agent authorisation**  
NO

**Applicant authorisation**

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

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

- communicate with the Board on my behalf regarding the processing and progress of my application. (The agent and the Board may communicate by telephone, fax, email or written correspondence)
- undertake any other action reasonably necessary for the processing of my application on my behalf (except signing and lodging applications forms, which must be completed by the applicant), and
- receive all formal correspondence from the Board in relation to this application.

Date  /  /

Signature of applicant

 SIGN HERE

**Agent authorisation**

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

Full name of agent

Full name of applicant

**Agent contact details**

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

City/Suburb/Town

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

Postcode/ZIP

Country

Business hours

Mobile

Email

Date  /  /

Signature of agent

 SIGN HERE





## PART C – To be completed by the applicant

### SECTION M: Obligations and consent



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

#### Obligations of registered health practitioners

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

##### Continuing professional development

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

##### Professional indemnity insurance arrangements

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

##### Notice of certain events

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

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

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

##### Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—

- a) information about whether the practitioner is employed by another entity;
  - b) if the practitioner is employed by another entity—the name of the practitioner's employer; and
    - (i) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

#### Consent to nationally coordinated criminal history check

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

I acknowledge that:

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

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

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

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



# Consent

If I provide the Board details of an English language test I have completed, I authorise the Board to use the information I provide to verify those results with the test provider. I understand the test provider may be overseas.

I consent to:

- the Board and Ahpra making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.
- (if relevant) any registration currently held by me that is not compatible with the registration type I am applying for, to be surrendered when the registration type I am applying for is granted.

I acknowledge that:

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

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

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

I understand Ahpra may:

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

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

I confirm that I have:

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

I declare that:

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

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

Signature of applicant

SIGN HERE

Name of applicant

Date

D

D

/

M

M

/

Y

Y

Y

Y



# SECTION N: Payment

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

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

<b>Application fee:</b>	+	<b>Registration fee:</b>	=	<b>Amount payable:</b>				
<b>\$1548</b>		<b>\$ INSERT FEE</b>		<b>\$ INSERT FEE</b>				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Registration fee</td> <td style="text-align: right; padding: 2px;"><b>\$1027</b></td> </tr> <tr> <td style="padding: 2px;">Registration fee for NSW registrants</td> <td style="text-align: right; padding: 2px;"><b>\$956</b></td> </tr> </table>	Registration fee	<b>\$1027</b>	Registration fee for NSW registrants	<b>\$956</b>		Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.
Registration fee	<b>\$1027</b>							
Registration fee for NSW registrants	<b>\$956</b>							

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

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

**53. Please complete the credit/debit card payment slip below.**

## Credit/Debit card payment slip – please fill out

Amount payable <input style="width: 100%; height: 25px;" type="text" value="\$"/>	Name on card <input style="width: 100%; height: 25px;" type="text"/>
Visa or Mastercard number <input style="width: 100%; height: 25px;" type="text"/>	Cardholder's signature <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <span style="font-size: 24pt; color: #ccc;">SIGN HERE</span> </div>
Expiry date <input style="width: 20px; height: 25px;" type="text" value="MM"/> / <input style="width: 20px; height: 25px;" type="text" value="YY"/>	



## SECTION 0: Checklist

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

<i>Additional documentation</i>		<b>Attached</b>
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 4</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question 6</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question 11</b>	Certified copies of any relevant academic qualifications not provided directly to Ahpra by the issuing institution	<input type="checkbox"/>
<b>Question 11</b>	A separate sheet with qualification details	<input type="checkbox"/>
<b>Question 17</b>	A separate sheet with details of any supervised practice previously completed within Australia	<input type="checkbox"/>
<b>Question 18</b>	A completed supervised practice plan (SPPA-00).	<input type="checkbox"/>
<b>Question 19</b>	Evidence of successful completion of a Board approved orientation to the Australian healthcare system	<input type="checkbox"/>
<b>Question 20</b>	Evidence of successful completion of Board approved cultural safety education	<input type="checkbox"/>
<b>Question 24</b>	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
<b>Question 24</b>	A separate sheet with registration details	<input type="checkbox"/>
<b>Question 25</b>	Your curriculum vitae	<input type="checkbox"/>
<b>Questions 28 &amp; 30</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>Questions 29 &amp; 31</b>	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
<b>Questions 29 &amp; 31</b>	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	<input type="checkbox"/>
<b>Questions 29, 31 &amp; 32</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question 32</b>	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 34</b>	A separate sheet with any additional qualification details	<input type="checkbox"/>
<b>Question 34</b>	Transcript(s)/letter(s) from the education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
<b>Question 36</b>	Copy of your English language test results	<input type="checkbox"/>
<b>Question 36</b>	Certified copy of your English language test results	<input type="checkbox"/>
<b>Question 37</b>	Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	<input type="checkbox"/>
<b>Question 37</b>	CV and a letter from employer(s) or a professional referee and/or an academic transcript	<input type="checkbox"/>
<b>Question 40</b>	Details of the supervised training position you propose to take up	<input type="checkbox"/>
<b>Question 41</b>	Evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice	<input type="checkbox"/>
<b>Question 41</b>	A plan for professional development and for re-entry to practice	<input type="checkbox"/>
<b>Questions 42 &amp; 43</b>	Details of the training and assessments	<input type="checkbox"/>
<b>Question 46</b>	A separate sheet with your impairment details	<input type="checkbox"/>
<b>Question 47</b>	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
<b>Question 48</b>	A separate sheet with your cancellation, refusal or suspension details	<input type="checkbox"/>
<b>Question 49</b>	A separate sheet with your conditions, undertakings or limitations details	<input type="checkbox"/>
<b>Question 50</b>	A separate sheet with your disqualification details	<input type="checkbox"/>
<b>Question 51</b>	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
<b>Payment</b>		
	Application fee	<input type="checkbox"/>
	Registration fee	<input type="checkbox"/>

**Do not email this form.**

Please submit this completed form and supporting evidence using the Online Upload Service at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload).  
You may contact Ahpra on 1300 419 495

## Information and definitions

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

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

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

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

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

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

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

### CERTIFYING DOCUMENTS

#### DO NOT send original documents.

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

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at [www.ahpra.gov.au/registration/registration-process](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)

### CHANGE OF NAME

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

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

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

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

### CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

You must participate regularly in continuing professional development (CPD) relevant to your scope of practice.

CPD must include a range of activities to meet your individual learning needs, including practice-based reflective elements, such as clinical audit, peer-review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning. CPD programs of medical colleges accredited by the Australian Medical Council meet these requirements. Refer to the Board's *Continuing professional development registration standard* for details of the requirements which relate to your situation. For more information, view the full registration standard online at [www.medicalboard.gov.au/Registration-Standards](http://www.medicalboard.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.medicalboard.gov.au/Registration-Standards](http://www.medicalboard.gov.au/Registration-Standards)



## CURRICULUM VITAE

Your curriculum vitae must:

- explain any period since obtaining your professional qualifications where you have not practised and reasons why (e.g. undertaking study, travel, family commitment)
- be in chronological order
- be signed and dated with a statement, 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

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

## ENGLISH LANGUAGE SKILLS

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

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

## IMPAIRMENT

**Impairment** means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that **detrimentially affects or is likely to detrimentially 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 standard, for all aspects of your medical practice. Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII - you will need to confirm this with your employer. Medical practitioners are exempt from requiring PII, where the scope of medical practice of an individual medical practitioner does not include the provision of health care or medical opinion in respect of the physical or mental health of any person or where a medical practitioner has statutory exemption from liability or where a medical practitioner is practising exclusively overseas.

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

## REGENCY OF PRACTICE

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

To meet the standard, you must have practised within your scope of practice for a minimum total of:

- four weeks full-time equivalent in one year, which is a total of 152 hours, or
- 12 weeks full-time equivalent over three consecutive years, which is a total of 456 hours.

If you have been absent from practice, the specific requirements depend on the field of practice, your level of experience and the length of absence from the field.

If you propose to change your field of practice, the Board will consider whether your peers would view the change as a normal extension or variation in a field of practice, or a change that would require specific training and demonstration of competence.

Practitioners who are unable to meet the Board's registration standard for recency of practice may be required to complete professional development activities, submit a plan for re-entry to practice or other training or assessments.

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