



## Renewal of provisional registration

For registrants who hold single or multiple registrations as an enrolled nurse and/or registered nurse and/or midwife

Professions: Nursing and Midwifery

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 provision registration with the Nursing and Midwifery Board of Australia (NMBA), including any applicable endorsements or conditions or notations.

The quickest and easiest way to renew your registration is online via secure login at [www.ahpra.gov.au/login](http://www.ahpra.gov.au/login). Electronic payment of your renewal fee is only available online.

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

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

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

**All pages of this form must be returned to Ahpra.**

### Decision process

The NMBA 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 NMBA.

A valid application for renewal is one that:

- is received no later than one month after the expiry date, uses the correct NMBA-approved form (online or hardcopy) and has all parts of the form completed
- is accompanied by the correct renewal fee and late payment fee, where applicable, and
- is accompanied by any other information requested by the NMBA.

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(s) in Australia. If you allow your nursing and/or midwifery registrations to expire, any related endorsements, conditions and notations will also expire.

To resume practice you will need to apply for registration by completing a new application form. To download the correct form, please visit [www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms](http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms)

### 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 [www.ahpra.gov.au/About-Ahpra/Privacy](http://www.ahpra.gov.au/About-Ahpra/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.

### 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.



# Use of this form to renew single or multiple registrations

This renewal form can be used to renew single or multiple registrations with the NMBA.

SECTION B: Mandatory – Annual statement contains a number of questions that apply to each registration you are renewing. Each of these questions is asked only once, however you **must** respond separately for each of the registrations you wish to renew. Please refer to the examples below.

## Example 1

Renewing one registration only e.g. registered nurse only

**B4. Do you meet the NMBA's recency of practice requirements?**

*You must answer this question for the registrations that you are renewing.*  
 For registrations you are not renewing, please select N/A.  
 For more information, see *Recency of practice* in the *Information and definitions* section of this form.

**Enrolled nurse**  
 N/A   
 YES   
 NO  Provide details of why the recency of practice requirements have not been met

**Registered nurse**  
 N/A   
 YES   
 NO  Provide details of why the recency of practice requirements have not been met  
*Due to a break from the profession I have not practised for at least three months full-time equivalent during the previous five years.*

**Midwife**  
 N/A   
 YES   
 NO  Provide details of why the recency of practice requirements have not been met

**Example 1**  
 The answer box for enrolled nurse and midwife may be marked as N/A as it does not apply to your renewal.  
 However, you **must** mark either the YES or NO check box for registered nurse and provide further information as applicable to this registration.

## Example 2

Renewing multiple registrations e.g. enrolled nurse, registered nurse and midwife

**B4. Do you meet the NMBA's recency of practice requirements?**

*You must answer this question for the registrations that you are renewing.*  
 For registrations you are not renewing, please select N/A.  
 For more information, see *Recency of practice* in the *Information and definitions* section of this form.

**Enrolled nurse**  
 N/A   
 YES   
 NO  Provide details of why the recency of practice requirements have not been met

**Registered nurse**  
 N/A   
 YES   
 NO  Provide details of why the recency of practice requirements have not been met  
*Due to a break from the profession I have not practised for at least three months full-time equivalent during the previous five years.*

**Midwife**  
 N/A   
 YES   
 NO  Provide details of why the recency of practice requirements have not been met

**Example 2**  
 If renewing as an enrolled nurse, registered nurse and a midwife, all answer boxes are applicable.  
 Therefore you **must** independently mark each respective YES/NO check box for enrolled nurse, registered nurse and midwife, and provide further information if applicable.



## Renewal of provisional registration

For registrants who hold single or multiple registrations as an enrolled nurse and/or registered nurse and/or midwife

Professions: Nursing and Midwifery

### SECTION A: Registration details and cultural identity



The information items detailed below will appear on the public register of practitioners. For more information, see *Information on the public register* in the *Information and definitions* section of this form.

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

#### A1. Do you wish to renew all of your current registrations as an enrolled nurse, registered nurse or midwife?



**PLEASE ENSURE THAT YOU READ THE FOLLOWING OPTIONS CAREFULLY, AS SELECTING THE INCORRECT OPTION MAY CAUSE ONE OR MORE OF YOUR REGISTRATIONS TO LAPSE**



I wish to **RENEW ALL** of my registrations

**Go to question A3**

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



I **DO NOT WISH TO RENEW ANY** of my registrations

**You must:**

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



I wish to **RENEW SOME** of my registrations

**You must:**

- go to question A2, and
- complete ALL parts of this form.



If you wish to apply for non-practising registration, please go to [www.ahpra.gov.au/login](http://www.ahpra.gov.au/login) to apply using your online account.

#### A2. Which of your registrations do you wish to not renew?

Please mark all options that are applicable below



I **DO NOT WISH TO RENEW** my registration as an **enrolled nurse**



I **DO NOT WISH TO RENEW** my registration as a **registered nurse**



I **DO NOT WISH TO RENEW** my registration as a **midwife**

**You must read and sign the statement below**

- I am the person named in this document and **choose not to renew** my registration(s), as marked above.
- I understand that by not renewing my registration(s) I will no longer be able to practise the profession(s) in Australia after the expiry date on the front of this form.
- I understand that once my registration(s) expires any endorsements, conditions and notations related to the associated registration will also expire.

Name of registrant

Signature of registrant



SIGN HERE

Date

 /  / 


**IF YOU WISH TO RENEW SOME OF YOUR REGISTRATIONS, GO TO QUESTION A3.** If you are not renewing ANY registrations, please return this page to Ahpra at the address below.



**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 [Request for change in circumstances for nurses and midwives undertaking supervision for re-entry to practice – ACCL-40](#).

As you hold provisional 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 statement

**i** In accordance with section 109 of the National Law, the following annual statement includes questions that **must** be answered in order for Ahpra to assess your renewal. When completing this annual statement, it is important that you refer to the NMBA's registration standards, found at [www.nursingmidwiferyboard.gov.au/Registration-Standards](http://www.nursingmidwiferyboard.gov.au/Registration-Standards)

An audit of your responses to the below questions may be conducted by the NMBA to verify compliance with the standards. The standards provide information on the evidence the NMBA 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 perform exposure prone procedures in your practice?**

**i** **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. For example a midwife repairing an episiotomy or a perioperative nurse surgical assistant involved in open surgical procedures that meet the above criteria.

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>

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

YES  **Go to the next question**      NO  **Go to question B4**

**B2. During the preceding period of registration, have you complied 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?**

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

YES       NO

**Provide detailed reason(s) below for why you did not comply with the guidelines**

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

**B3. If your registration is renewed, do you commit to comply with 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?**

**i** As a health practitioner you **must** 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*. Please review the guidelines and confirm you will comply with them.

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

YES       NO

**B4. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?**

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

YES       NO

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

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



**B5. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?**

YES

NO  *Go to the next question*

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.



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.

**You do not have to provide your Australian criminal history report.** We will obtain this for you. 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.

**B6. 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.*

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.

**B7. 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 need to declare one or more complaints**

**Provide details below 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.**




Attach additional details of all known complaints made about you since you last renewed your registration that do not fit in the space provided.



**B8. Do you meet the NMBA's recency of practice requirements?**

**i** You must answer this question for the registrations that you are renewing.

For registrations you are not renewing, please select N/A.

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

**Enrolled nurse**

N/A

YES

NO

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

Text area with horizontal dashed lines for providing details.

**Registered nurse**

N/A

YES

NO

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

Text area with horizontal dashed lines for providing details.

**Midwife**

N/A

YES

NO

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

Text 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.

**B9. During your preceding period of registration, have you met the NMBA's continuing professional development (CPD) requirements?**

**i** You must answer this question for the registrations that you are renewing.

Answer **YES** if you have already met this requirement or will by 31 May. You must keep proof of this, and we may audit it.

For registrations you are not renewing, please select N/A.

Additional requirements apply if you have an endorsement for scheduled medicines or as a nurse practitioner.

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

**Enrolled nurse**

N/A

YES

NO

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

Text area with horizontal dashed lines for providing details.

**Registered nurse**

N/A

YES

NO

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

Text area with horizontal dashed lines for providing details.

**Midwife**

N/A

YES

NO

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

Text 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.





**B10. During your preceding period of registration, have you practised in accordance with the requirements of the NMBA's Professional indemnity insurance (PII) arrangements registration standard when practising the profession(s) in Australia?**

**i** You must answer this question for the registrations that you are renewing. For registrations you are not renewing, please select N/A. For more information, see *Professional Indemnity Insurance* in the *Information and definitions* section of this form. Nurses and midwives can meet the professional indemnity insurance requirement through employer's insurance, private insurance cover or another third party such as insurance gained through membership of a professional or industrial organisation. It is the nurse/midwife's responsibility to understand the nature of that cover.

**Enrolled nurse**

- N/A
- YES
- NO

Provide details of why you have not met the NMBA's PII arrangements registration standard

.....  
.....  
.....

**Registered nurse**

- N/A
- YES
- NO

Provide details of why you have not met the NMBA's PII arrangements registration standard

.....  
.....  
.....

**Midwife**

- N/A
- YES
- NO

Provide details of why you have not met the NMBA's PII arrangements registration standard

.....  
.....  
.....



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

**B11. If your registration is renewed, do you commit to practise in accordance with the requirements of the NMBA's Professional indemnity insurance arrangements registration standard when practising the profession(s) in Australia?**

**i** You must answer this question for the registrations that you are renewing. For registrations you are not renewing, please select N/A. For more information, see *Professional Indemnity Insurance* in the *Information and definitions* section of this form.

**Enrolled nurse**

- N/A
- YES
- NO

Provide details of why you do not commit to the NMBA's PII arrangements registration standard

.....  
.....  
.....

**Registered nurse**

- N/A
- YES
- NO

Provide details of why you do not commit to the NMBA's PII arrangements registration standard

.....  
.....  
.....

**Midwife**

- N/A
- YES
- NO

Provide details of why you do not commit to the NMBA's PII arrangements registration standard

.....  
.....  
.....



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



**B12. 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?**

**Enrolled nurse**

- N/A
- YES
- NO

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

Text box for details of withdrawal or restriction of right to practise.

**Registered nurse**

- N/A
- YES
- NO

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

Text box for details of withdrawal or restriction of right to practise.

**Midwife**

- N/A
- YES
- NO

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

Text box for details of withdrawal or restriction of right to practise.



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

**B13. 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?**

**Enrolled nurse**

- N/A

**Registered nurse**

- N/A  I do not have billing privileges
- 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.

Text box for details of disqualification or final determination.

**Midwife**

- N/A  I do not have billing privileges
- 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.

Text box for details of disqualification or final determination.



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

**i** You must answer this question for the registrations that you are renewing.

For registrations you are not renewing, please select N/A.

This generally applies to practitioners who are in private practice. For example, if you are a privately practising midwife or a privately practising nurse practitioner and your practice has been restricted because of your conduct, professional performance or health you need to tell us.

**i** You must answer this question for the registrations that you are renewing.

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).

For registrations you are not renewing, please select N/A.



# SECTION C: Consent and declaration



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

## Consent to nationally coordinated criminal history check

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

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 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 to allow for any subsequent criminal history checks during my period of registration
- Ahpra may validate documents provided in support of this application as evidence of my identity
- if and when this application for renewal of registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the National 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.

## Declaration

I acknowledge that:

- the National Board may validate documents provided in support of this application as evidence of my identity, and
- failure to complete all relevant sections of this application 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 and registration will be sent 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 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.

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

I declare that:

- the above statements, 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.

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



# SECTION D: Payment

### Renewal fee

You are required to pay a renewal fee.

### 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:

Payment amount:	
<b>\$185</b>	

**OR**

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

Late payment amount:	
<b>\$ INSERT FEE</b>	
Renewal fee	<b>\$185</b>
Late payment fee	<b>\$30</b>

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

D1. 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 E: Checklist

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

<i>Additional documentation</i>		<b>Attached</b>
<b>Question B2</b>	A separate sheet with details of why you did not comply with the guidelines	<input type="checkbox"/>
<b>Question B4</b>	A separate sheet with your impairment details, including details of any treatment plan or medical documentation	<input type="checkbox"/>
<b>Question B5</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 B5</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question B6</b>	A separate sheet of overseas countries and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question B6</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question B6</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 B7</b>	A separate sheet with support papers detailing any known complaints made about you	<input type="checkbox"/>
<b>Question B8</b>	A separate sheet with details of why the recency of practice requirements have not been met	<input type="checkbox"/>
<b>Question B9</b>	A separate sheet with details of the CPD you have undertaken and why the CPD requirements have not been met	<input type="checkbox"/>
<b>Question B10</b>	A separate sheet with details of why you have not met PII arrangements	<input type="checkbox"/>
<b>Question B11</b>	A separate sheet with details of why you cannot commit, when practising the profession in Australia, to practise in accordance with the requirements of the NMBA's professional indemnity insurance arrangements registration standard	<input type="checkbox"/>
<b>Question B12</b>	A separate sheet with details of the withdrawal or restriction of your right to practise	<input type="checkbox"/>
<b>Question B13</b>	A separate sheet with details of the withdrawal or restriction of your billing privileges or restrictions placed on your prescribing right	<input type="checkbox"/>
<i>Payment</i>		
	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



## Information and definitions

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

### 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>

## 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 is a requirement of registration even if you are not working or are working overseas. You must complete at least 20 hours of CPD per profession each year. This must be relevant to your context of practice. If you were granted registration less than 12 months ago, your CPD requirements will be based on how many months you have been registered:

- 0–3 months, at least 5 hours
- 3–6 months, at least 10 hours
- 6–9 months, at least 15 hours or
- more than 9 months, at least 20 hours.

You must keep evidence of your participation. For more information, view the registration standard online at [www.nursingmidwiferyboard.gov.au/Registration-Standards](http://www.nursingmidwiferyboard.gov.au/Registration-Standards) and the guidelines at [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines)

## 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 since you last registered with the NMBA as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The NMBA 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.

But if you have not given us certified proof of identity documents since October 2019, you will need to do this first. Any documents containing a photograph must be annotated with the statement '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.'

You may be required to obtain international criminal history reports.

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

## 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**'.

But 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 of what you do not need to declare 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.



## INFORMATION ON THE PUBLIC REGISTER

Information in this form marked with an asterisk (\*) indicates the information that will be displayed on the online public register of practitioners.

If you believe that publishing information about you on the public register would pose a serious risk to your health or safety, please complete an *Application to exclude information from the public register – AEPR-00* available at [www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms](http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms)

## 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 the profession in Australia without PII. You must maintain it through your own private cover, your Australian employer or another third party, and ensure you understand it.

But you are not required to hold PII if you are unemployed or working overseas.

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

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

## REGENCY OF PRACTICE

You must maintain an adequate connection with your profession and regularly practise it after you qualify for or receive your registration. For nurses and midwives this means you have practised for at least 450 hours over the last 5 years. The NMBA's recency of practice requirements also apply to an endorsement for scheduled medicines or as a nurse practitioner.

If you are unable to meet the recency of practice requirements the NMBA requires you to submit evidence to support your re-entry to practice. Re-entry to practice may require you to complete specific education and/or supervised practice.

For more information, view the registration standard online at [www.nursingmidwiferyboard.gov.au/Registration-Standards](http://www.nursingmidwiferyboard.gov.au/Registration-Standards) and the re-entry to practice policy at [www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/reentry-to-practice](http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/reentry-to-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 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.