

# Did you know you can now apply online? Create an Ahpra portal account and complete your application

Click here to apply online

Applying for registration is now available online.

Create an Ahpra portal account and complete your application.

#### Applying online is easier, faster and more secure

The online application form only asks questions relevant to your situation – saving you time.

Applying online also means you can

- easily access our new online ID verification
- track your progress as you complete each section of the application
- save as you go and lodge when it suits you
- check back in to see how assessment of your application is tracking.

For the best experience, please use a computer or laptop when applying online.

If you choose to use this form, we will need to follow up with you to ask you to validate some of the information you send us. This form will only be available for a short time.

#### **Keeping in contact**

We will let you know about important information to do with your application via your secure Ahpra portal.





### **Application for specialist registration**

### For overseas qualified applicants

Profession: Podiatry

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

This form is for overseas qualified applicants who:

- hold qualifications in podiatric surgery that are not approved by the Podiatry Board of Australia (the Board), and
- are applying for specialist registration as a podiatric surgeon in Australia.

The Board's website contains information on approved qualifications. For more information, see *Approved programs of study* on the Board's website at **www.podiatryboard.gov.au/accreditation** 

The Board requires all those applying for specialist registration to meet the Board's *Registration standard for specialist registration* in addition to meeting all other requirements for general registration as a podiatrist, including the *Recency of practice registration standard*. The Board's *Registration standard for specialist registration* requires all applicant's for specialist registration to provide evidence of having completed a minimum of two years full time (or equivalent) general podiatry practice in a clinical setting.

It is important that you refer to the Board's registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at www.podiatryboard.gov.au



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

#### **Privacy and confidentiality**

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

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

#### **Symbols in this form**



#### **Additional information**

Provides specific information about a question or section of the form.



#### Attention

Highlights important information about the form.



#### Attach document(s) to this form

Processing cannot occur until all required documents are received.



#### Signature required

Requests appropriate parties to sign the form where indicated.

#### **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.

#### **SECTION A:** Personal details



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

What are your name and birth details?

Title*	MR Name*	MRS 🔣	MISS 🔀	MS 🔀	DR 🔀	OTHER	SPECIFY	
Talling	numo							
First gi	iven name*							
Middle	name(s)*							
Previou	us names ki	nown by (e.g	. maiden nan	ne)				
Date of	f birth D	D / M	M / Y	YYY				
Country	y of birth							
	another provide	name, you	<b>must</b> attacl rd. For mor	n proof of y e informatio	our name c	hange unles	e providing docu s this has been e in the <i>Informat</i>	previously

NSOS-70	
---------	--

2. Do you currently hold general registration as a podiatrist in Australia?

/ES	NO Go to Section B: Proof of identity	
<b>Details required below</b> – <i>then go</i> Registration number*	to Section C: Contact information	
POD		

#### 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.

3. Are you applying for registration from within Australia?



document once.

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

- At least one document must be in your current name.
- Your category B document mus have a recent photo.
- All documents must be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/trapite\_forfurther 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
- 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.

ease comple	te t	hetra new ment summary						
ImmiCard	MA L	Australian motor vehicle registration						
ofofidant	-i+\/	section						
Australian passport	cicy	SECTION						
Australian driver's licence at the end of		Australian pension/healthcare card						
at the end of	uni	S TOP Mocuments						

Effective from: 18 September 2025











#### **SECTION C:** Contact information



Once registered, you can change your contact information at any time.

Please go to www.ahpra.gov.au/login to change your contact details using your online account.

6.	What	are	your	contact	details?
----	------	-----	------	---------	----------

Provide your current contact details below – place an next to your preferred contact phone number.  Mobile	
After hours	
Email Control of the	

## 7. What is your residential address?



When you are not yet practising, or when you are not practising the profession predominantly at one address:

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

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

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

te/bullal	ng and/o	or posi	tion/de	parti	ment (i	f app	olical	ole)							
															Γ
														+	÷
ldress (e	.g. 123 J	IAMES	AVENUI	; or l	JNIT 1A	, 30	JAME	S STF	REET)						İ
				İ											Ī
															+
															Τ
															÷
ty/Subui	b/Town <sup>3</sup>	ł .													
ate or te	rritory (e	e.a. VIC	. ACT)/I	nterr	ationa	l pro	vinc	e*	Pos	tcode	ZIP*				h
		J	, )-												Ī
															_
ountry (if															

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



Principal place of practice for a registered health practitioner is:

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

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

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

ES 🔀	NO 📉	Provide your Australian principal place of practice below
Site/building and/or p	oosition/department (if a	applicable)
Address (e.a. 123 JAN	IES AVENUE; or UNIT 1A, 3	30 JAMES STREET)
1000 (e.g. 120 c/ iii		S O MILE STREET,
City/Suburb/Town*		
State/Territory* (e.g. \	/IC, ACT)	Postcode*

9.	What is your mailing address?	My residential address	

You	r maili	ng	address	is	usec
for	postal	СО	rrespond	len	ce.

Your mailing address is used
for postal correspondence.

te/bui	ilding a	nd/or	positi	on/de	part	ment	(if a	appl	lica	ble)										
ldress	s/PO Bo	<b>x</b> (e.g.	. 123	JAMES	AVE	NUE;	or U	NIT	1A,	30 .	JAM	ES S	TREE	ET; o	r PC	B0	X 12	34)	,	
ty/Sul	burb/To	wn																		
ate or	territo	<b>ry</b> (e.g	. VIC,	ACT) <b>/I</b>	nter	natio	nal <sub>l</sub>	orov	inc	е		Post	code	e/ZII	P					

#### **SECTION D:** Specialist 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.

For further information on approved qualifications, see Approved programs of study on the Board's website at www.podiatryboard.gov.au/accreditation

10. Do you hold a specialist qualification approved by the Board?



Go to the next question



Do not use this application form. To apply for specialist registration, please complete the application form ASPC-70 - Application for specialist registration, available at www.podiatryboard.gov.au/Registration-Endorsement/Forms.

#### 11. What are the details of your specialist qualifications?



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

Specialist qualification	
Title of qualification	
Name of institution (University/College/Examining bo	ody)
Country	
Completion date	Length of program
MM / Y Y Y Y	
	our original academic transcript and testamur/s completion of the qualification mentioned in this form.

Additional specialist qualification	
Title of qualification	
Name of institution (University/College/Examining bo	dy)
Country	
Completion date	Length of program
MM / Y Y Y Y	
	our original academic transcript and testamur/ completion of the qualification mentioned in this form.



Attach a separate sheet if all your specialist qualifications do not fit in the space provided.

#### **SECTION E:** Registration history

12. Do you currently hold general registration with the Podiatry Board of Australia?

YES **Go to the next question** 

NO **Go to question 15** 

- 13. Since you were granted registration in Australia, have you practised as a health practitioner outside of Australia?
- YES **Go to question 15**

NO **Go to the next question** 

- 14. Since you were granted registration in Australia, has your registration status or good standing in a country other than Australia changed?
- ES **Oo to the next question**
- NO **Go to Section F: Work history**

15. What is your health practitioner registration history?



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  D D / M M / Y Y Y Y	to	DD/MM/YYYY	



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

Additional registration State/Territory/Country									
Profession									
Period of registration				,					
	to	DD	/ MIN	/ /	Υ	<u> </u>	Υ		



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

#### **SECTION F:** Work history

16. What is your full practice history?



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



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

#### **SECTION G:** Registration period

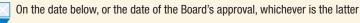


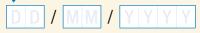
The annual registration period for the podiatry profession is from 1 December – 30 November each year. If your registration is granted in October and November this year, you will be registered until 30 November next year. If your registration is granted before October, you will be registered until 30 November this year and you must renew your registration by 30 November.

17. 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







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

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

#### **SECTION H:** General podiatry practice



The Board's *Registration standard for specialist registration* requires all applicant's for specialist registration to provide evidence of having completed a minimum of two years full time (or equivalent) general podiatry practice in a clinical setting as well as meeting all other requirements for general registration as a podiatric surgeon in Australia.

18. Do you have at least two years general podiatry practice experience in Australia?



NO



Go to the next question

Attachment required below - then go to Section I: Suitability statements



Provide details of your work history in general podiatry practice for at least two years in Australia.

19. Do you have at least two years general podiatry practice experience outside of Australia?

YES



Provide details of your work history in general podiatry practice for at least two years outside of Australia.

N0



You may not be eligible for specialist registration. Provide explanatory information about the experience you have relevant to this application.

#### **SECTION I:** 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.podiatryboard.gov.au/Registration-Standards for further information.

20. Do you currently hold registration with the Podiatry **Board of Australia?** 

Go to the next question

Go to question 23

21. 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.







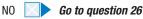
You must attach a signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances.

22. 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?



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





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.

#### Provide details below, then go to question 26 Country

Check reference number

W

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.

23. Do you have any criminal history in Australia?

	4		
4	ſ	λ	
	N		Ν

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.







N0



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

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



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/

NO NO

Go to the next question



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 <b>must</b> attach a separate sheet if the list of overseas countried reference number does not fit in the space provided.	es and corresponding check
	You <b>must</b> attach the international criminal history check (ICHC) the approved vendor.	reference page provided by

each of the countries listed and an explanation of the circumstances.

international criminal history

25. Are there any countries other
than Australia in which you

25. 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?



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

NO X

Go to the next question



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

You must attach a signed and dated written statement with details of your criminal history in

Country		Check referen	ce number
(a) V			



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.

26. Are you currently registered to practise as a podiatrist in Australia and have used English as your primary language within the past five years?



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), mus*t demonstrate they meet the English language skills registration standard*.

'ES 🔀

I declare I have used English as my primary language within the past five years. *Go to question 31* 

NO



Go to the next question

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



A list of approved recognised countries and an evidence requirements guide is available at www.ahpra.gov.au/Registration/Registration-Standards/ **English-language-skills** 

#### The combined education pathway

You must have a combination of secondary education and qualifications, where you have carried out and successfully completed:

- · at least two years of your secondary education which was taught and assessed solely in English in a recognised country, and
- vour qualification(s) for your profession, which were taught and assessed solely in English in a recognised country.

#### The advanced education pathway

You have carried out and successfully completed at least six years in total of (full-time equivalent) education, all taught and assessed solely in English in a recognised country which includes:

- your qualification(s) for your profession, and
- advanced education (tertiary) at a degree level (AQF level 7 or higher) which requires you to read, write, listen to and speak

A maximum of two years break while obtaining your qualifications and advanced education will be accepted.

The last period of education must have been completed no more than two years before applying for registration.

#### The school education pathway

Your main language is English and you have carried out and successfully completed:

- at least 10 years of your primary and secondary school education which was taught and assessed solely in English in a recognised country, and
- your qualification(s) for your profession, which were taught and assessed in any country solely in English.

#### The test pathway

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

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

1	Ahpra may verify the information you provide below. For more information, see <i>English language skills</i> in the <i>Information</i> this form.	ation and definitions section of
$\times$ T		

Provide details of secondary and tertiary education in the table below, then go to question 31

The advanced education pathway

Provide details of vocational and tertiary education in the table below, then go to question 31

The school education 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 31

The test pathway

You do not need to complete the table below. Go to question 28

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

Timeframe	Level of education	Program name If applicable	Education institution Specify name and address		ed country plicable	Study status
Study commenced:  Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced:  Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced:  Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time



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

If a qualification specified above was relied on for registration and is **not** an approved program of study, you **must** provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English.

If the transcript does not confirm that the course was taught and assessed solely in English, you must arrange for a letter in the required form to be provided directly to Ahpra by the education provider confirming that the course was taught and assessed solely in English.

ASOS-70	

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

month period. For more information, refer to the Bo	pard'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

29. 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.

	3	<b>,</b> , , , , , , , , , , , , , , , , , ,
X	Cambridge (C1 Advanced or C2 Proficiency) Verification number – sitting one:	Verification number – sitting two (if applicable):
	The Board requires Cambridge with a minimum overall score of 185 in the listen	ing reading and speaking components and a minimum score of 176
	in the writing component.	ing, roading, and operating compensitio, and a minimum cools of 170
<b>V</b>	International English Language Test System (IELTS) Academic module	
	Test report form number – sitting one:	Test report form number – sitting two (if applicable):
	A	[   A
	The Board requires the IELTS (academic module) with a minimum overall score of components, and a minimum score of 6.5 in the writing component.	of 7 and a minimum score of 7 in the listening, reading, 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 in the listening, reading,	and speaking components, and a minimum score of C+ in the writing
	component.	
X	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 66 and a communicative skills, and a minimum of 56 in the writing communicative skill.	minimum score of 66 in the listening, reading, and speaking
	· · · · · · · · · · · · · · · · · · ·	
X	Test of English as a Foreign Language internet-based test (TOEFL iBT)	Pogiatration number _ gitting two (if applicable):
	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 min	imum scores of 24 for listening 24 for reading 24 for writing and 23 for
	speaking.	intuiti 660100 of 2 1 for flotoning, 2 1 for focusing, 2 1 for writing, and 20 for
6	If your English language test(s) were completed within the past two	years, you <b>must</b> 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 <b>must</b> provide a certified copy of your results

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

YES X

N0



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 or in another relevant health, disability, or aged care
  related role where English was the primary language of practice in a recognised country, 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 or in another relevant
  health, disability, or aged care related role 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.

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



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

YES 🔀

NO D

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



To meet the Board's *Registration standard: Recency of practice*, you are required to have practised at least 450 hours within the previous three years, or 150 hours within the previous 12 months in your intended scope of practice (podiatric surgery). If you don't meet the standard, you will be required to provide information to help the Board make a decision about your application.

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

YES 🔀

Mark all options applicable to your application - then go to question 35

- I have practised a minimum of 150 hours in my intended scope of practice in the last year.
- I have practised a minimum of 450 hours in my intended scope of practice in the last three years.

NO **Go to the next question** 

33. Do you have at least two years prior clinical practice experience as a registered podiatric surgeon?



Go to the next question

NO

\_



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

#### Attachment required below – then go to question 35



You must attach evidence of the following:

- at least one years' quota of CPD activities relevant to your intended scope of practice completed in the previous 12 months
- your practice history, that includes details of your previous scope(s) of practice and when you last practised as a registered podiatric surgeon (for example, your CV)
- your intended scope of practice, and
- any relevant activities carried out since you last practised as a podiatric surgeon, including any additional education or training.

You will have conditions placed on your registration to facilitate your return to safe professional practice. For more information, see *Recency of practice* in the *Information and definitions* section of this form.

34. How long have you been absent from practice?

#### Choose appropriate option

Les

Less than one year



Between one and three years



You must attach evidence of:

- at least one years' quota of CPD activities relevant to your intended scope of practice completed in the previous 12 months, and
- your practice history, that includes when you last practised as a registered podiatric surgeon (for example, your CV).



More than three years



#### You **must** attach:

- evidence of at least one years' quota of CPD activities relevant to your intended scope of practice completed in the previous 12 months, and
- 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.podiatryboard.gov.au/Policies-Codes-Guidelines
- 35. Have you completed training in advanced life support conducted by an approved training organisation?



The training must be current and you must have a current certificate or other evidence that is issued by the approved training organisation to show that you have successfully completed the training. For more information view the full CPD registration standard and CPD guidelines online at <a href="https://www.podiatryboard.gov.au/Policies-Codes-Guidelines/CPD-resources.aspx">www.podiatryboard.gov.au/Policies-Codes-Guidelines/CPD-resources.aspx</a>

YES >

NO



AS0S-70

36. 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-quidelines-for-healthcare-workers-onmanaging-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.



Go to the next question



Go to question 38

37. 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.







38. 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.





NO





You **must** attach to this application details of any impairments and how they are managed.

39. Is your registration in any profession currently suspended or cancelled in **Australia (under the National** Law or a corresponding prior Act) or overseas?









You **must** attach to this application details of any registration suspension or cancellation.

40. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?









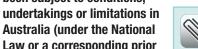
You **must** attach to this application details of any cancellation, refusal or suspension.

41. Has your registration ever been subject to conditions, Australia (under the National Law or a corresponding prior Act) or overseas?











You **must** attach to this application details of any conditions, undertakings or limitations.

42. 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).





NO



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

43. 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?







You **must** attach to this application details of any conduct, performance or health proceedings.

#### **SECTION J:** Obligations, consent and declaration



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

#### **Obligations of registered health practitioners**

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

#### **Continuing professional development**

 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**

- 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.
- 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.
- 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**

- 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
  - 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
  - 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
  - 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
  - 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.
- 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

- 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;
  - 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**

- A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
  - a) information about whether the practitioner is employed by another entity;
  - b) if the practitioner is employed by another entity—
    - (i) the name of the practitioner's employer; and
    - (ii) the address and other contact details of the practitioner's employer.
- 8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

# Consent to nationally coordinated criminal history check

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

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the National Board
- my personal information currently held by Ahpra and from this form will be provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the Australian Crime Commission Act 2002 (Cth)
- my identity information provided with this application will be enrolled with Ahpra and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about by criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that
  I provide when requested at any time during the next 12 months, as
  evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:
  - a) checking a statement made by me in this application for renewal,b) an audit carried out by the National Board.
  - c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or
  - d) considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

#### **Declaration**

#### I declare that:

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

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

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

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

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

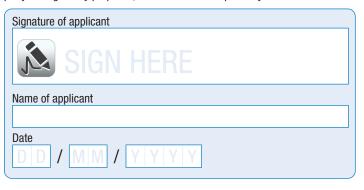
https://www.ahpra.gov.au/Publications/Advertising-hub.aspx

#### I acknowledge that:

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

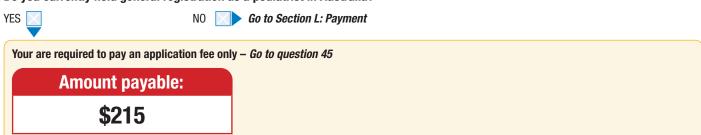
I **undertake** to comply with the all relevant legislation and National Board registration standards, codes and guidelines.

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



#### **SECTION K:** Current registration period

44. Do you currently hold general registration as a podiatrist in Australia?



#### **SECTION L:** Payment

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





#### **Registration period**

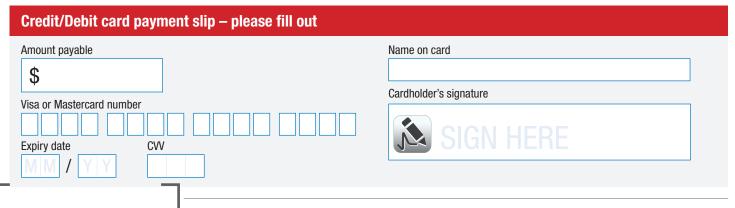
The annual registration period for the podiatry profession is from **1 December to 30 November**.

If your application is made between 1 October and 30 November this year, you will be registered until 30 November next year.

#### **Refund rules**

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

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



AS0S-70



### **SECTION M:** Checklist

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

Additional dod	cumentation	Attached
Question 1	Evidence of a change of name	$\times$
Question 3	Certified copies of all documents that provide sufficient evidence of your identity	$\times$
Question 5	Certified copies of all documents that provide sufficient evidence of your identity	$\times$
Question 11	Certified copies of your specialist qualifications	$\times$
Question 11	A separate sheet with additional specialist qualifications details	$\times$
Question 15	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	$\times$
Question 15	A separate sheet with additional registration details	$\times$
Question 16	Your curriculum vitae	$\times$
Question 18	A separate sheet with details of your work history in general podiatry practice for at least two years in Australia	$\times$
Question 19	A separate sheet with details of your work history in general podiatry practice for at least two years outside of Australia	$\times$
Question 19	A separate sheet with explanatory information about the experience you have relevant to this application	$\times$
Questions 21 & 23	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	$\times$
Questions 22 & 24	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	$\times$
Questions 22 & 24	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	$\boxtimes$
Questions 22, 24 & 25	ICHC reference page provided by the approved vendor	$\boxtimes$
Question 25	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	$\times$
Question 27	A separate sheet with any additional qualification details	$\times$
Question 27	Transcript(s)/letter(s) from the education provider confirming that your course was taught and assessed solely in English	$\times$
Question 29	Copy of your English language test results	$\times$
Question 30	Certified copy of your English language test results	$\times$
Question 30	Evidence of continuous employment as a registered health practitioner or in a relevant health, disability, or aged care related role where English was the primary language of practice and/or continuous enrolment in an approved program of study	$\boxtimes$
Question 33	Evidence of one years' quota of CPD activities relevant to your intended scope of practice	$\times$
Question 33	Evidence of your practice history that includes when you last practised as a registered podiatric surgeon	$\times$
Question 33	Evidence of your intended scope of practice	$\times$
Question 33	Evidence of any relevant activities carried out since you last practised as a registered podiatric surgeon	$\times$
Question 34	Evidence of one years' quota of CPD activities relevant to your intended scope of practice	$\times$
Question 34	Evidence of your practice history that includes when you last practised as a registered podiatrist	$\times$
Question 34	A plan for professional development and re-entry to practice	$\times$
Question 38	A separate sheet with your impairment details	$\times$
Question 39	A separate sheet with your suspension or cancellation details	$\times$
Question 40	A separate sheet with your cancellation, refusal or suspension details	$\times$
Question 41	A separate sheet with your conditions, undertakings or limitations details	$\times$
Question 42	A separate sheet with your disqualification details	$\times$
Question 43	A separate sheet with your conduct, performance or health proceedings	$\times$
Payment		
	Application fee	$\times$
	Registration fee	$\times$

AS0S-70



#### Do not email this form.

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

#### **Information and definitions**

#### **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

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 nonoccupational 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 exposureprone 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-healthcareworkers-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 quidelines, which are available at 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
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,

- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's quidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx

#### **CHANGE OF NAME**

You must provide evidence of a change of name if you have ever been formally known by another name(s) or 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 are required to participate regularly in continuing professional development (CPD) that is relevant to your scope of practice.

Consumers of podiatric services have the right to expect that podiatric surgeons will provide services in a competent and contemporary manner that meets best practice standards. Continuing professional development is an interactive process to maintain, enhance and extend the practitioner's knowledge, expertise and competence throughout their career. It is an important component in the continued provision of safe and effective services.

For more information, view the full registration standard online at www.podiatryboard.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 quilty or finding of quilt 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.podiatryboard.gov.au/Registration-Standards

#### **CURRICULUM VITAE**

Your curriculum vitae must:

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

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

#### **ENGLISH LANGUAGE SKILLS**

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

www.podiatryboard.gov.au/Registration-Standards

#### **IMPAIRMENT**

Impairment means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession.

The National Law requires you to declare any impairments at the time of application. If you have an impairment, you will need to provide details of the impairment and how it is managed.

#### **PRACTICE**

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

#### PROFESSIONAL INDEMNITY INSURANCE (PII)

You must have PII, or some alternative form of indemnity cover that complies with the Board's registration standard, for all aspects of your practice. Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII - you will need to confirm this with your employer.

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

#### RECENCY OF PRACTICE

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

To meet the standard you must have practised at least:

- . 450 hours within the previous three years, or
- 150 hours within the previous 12 months in your intended scope of practice.

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

If you propose to change your scope of practice, the Board will consider whether your peers would view the change as a normal extension or variation in a scope 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.podiatryboard.gov.au/Registration-Standards

#### REGISTRATION APPROVAL DATES

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

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

# Applications **Proof of identity**

Before continuing, please refer to the Proof of identity requirements available at www.ahpra.gov.au/identity.

ı.	Do you have an Australian residential address?		
	Yes – You will be asked to complete your identity verification through Ahpra's third party vendor, InstaID+. For further information, please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity		
	No – Go to the next question		
2.	. Do you hold a current Australian or overseas passport?		
	Yes – Select one option		
	I have an Australian passport – Go to question 3		
	I have an overseas passport – Go to question 4		
	No - You cannot proceed with this application. We must be able to verify your identity, we cannot verify your identity without a current passport.		
3.	<ul> <li>Can you provide the following proof of identity documents:</li> <li>one 'commencement of identity' document (e.g. Australian passport, Australian birth certificate)</li> <li>one 'primary use in the community' document (e.g. Australian drivers licence, Overseas Passport)</li> <li>two 'secondary use in the community' documents (e.g. Medicare card, Australian institution Tertiary Student Photo Foreign government issued document)</li> </ul>		
	Yes - Thank you, no further questions. You will be asked to complete your identity verification through Ahpra's third party vendor, InstalD+. For further information, please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity.		
	No – Go to the next question		
1.	<ul> <li>For Ahpra to verify your identity, can you provide two (2) of the following documents:</li> <li>a current Australian visa</li> <li>foreign birth certificate</li> <li>foreign identity card</li> <li>credit or debit card</li> </ul> Yes – You will be asked to complete your identity verification through Ahpra's third party vendor, InstaID+. For further informatic		
	please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity  No -		
	You cannot proceed with this application. We must be able to verify your identity, we cannot verify your identity.		

#### **Identity verification**

You are required to verify your identity.

To complete your identity check, once your application is received by Ahpra, you will be sent a link with instructions. The link will take you to our third party vendor InstalD+ website.

- You will be asked to take a selfie photo of your face with your photo ID and take photos of your identity documents. This will include any change of name evidence if you have changed your name
- You can do your identity check from your desktop (with a web camera) or mobile phone.
- Your documents are checked in real-time for authenticity and tampering. Facial recognition and liveness test are completed, and your identity details are checked against issuing authority databases for validity.
- If required, InstalD+ Customer Support may contact you directly
  if there is any follow up required about your identity check.

You must lodge your identity verification within 30 days to avoid your application being discontinued. If your application is discontinued, a refund of all fees will be provided.

If you have any questions, or require assistance with the identify verification, please contact InstaID+ on 1800 080 095.

Please refer to the Proof of identity requirements available at www.ahpra.gov.au/identity

An incomplete identity verification may delay processing and could result in your application for registration being withdrawn.