

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

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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.

# ALTR-30



# Application for limited registration for teaching or research

Profession: Medical

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

This form is for international medical graduates who do not qualify for general or specialist registration and who wish to apply for limited registration to:

- a) undertake a teaching or research role in Australia, or
- b) demonstrate a clinical technique as an expert of that technique or participate in a workshop (usually for a short period).

To be eligible for registration in a teaching or research position, more than 50 percent of practice must be in teaching or research. Supervised clinical practice is allowed if it is directly related to the teaching or research role.

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

There is supporting information for applicants applying to work in a research position. See the Information Sheet: *Registration standard for limited registration for teaching or research – Requirements for applicants applying to work in research positions* at:

https://www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ.aspx



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.

If you have provided documentation to the Board previously, that is not for single use or time limited, documentation will not need to be re-submitted. You may be required to provide information if your initial registration in Australia was granted prior to 1 July 2010.

# **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.



Requests appropriate parties to sign the form where indicated.

Mail document(s) directly to Ahpra Requires delivery of documents by an organisation or the applicant.

### **Completing this form**

Signature required

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

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

# 

# PART A – To be completed by the applicant

# **SECTION A:** Personal details

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

1. What is your name and date of birth?	Title*       MR       MRS       MISS       MS       DR       OTHER       SPECIFY         Family name*									
	First given name*									
	Middle name(s)*									
	Previous names known by (e.g. maiden name)									
	Date of birth DD / MM / YYYY									
	If you have ever been formally known by another name, or you are providing documents in another name, you <b>must</b> attach proof of your name change unless this has been previously provided to the Board. For more information, see <i>Change of name</i> in the <i>Information and definitions</i> section of this form.									
2. Are you currently, or were you										
previously, registered as a	YES <b>Provide your registration number below</b> NO									
medical practitioner under the National Law?	Registration number*									
National Law?	MED									
2 What are your hirth and										
3. What are your birth and personal details?	Country of birth									
	City/Suburb/Town of birth									
	State/Territory of birth (if within Australia) VIC NSW QLD SA SA WA NT NT TAS ACT									
	Sex* MALE FEMALE INTERSEX/INDETERMINATE Languages spoken other than English (optional)*									



Please complete the new **Proof of identity section** at the end of this form



ALTR-30	ing in Australia, you need to become identity enrolled. Please download and complete the form <i>POIA-00</i> -	
	<ul> <li>Choose proof of identity documents to submit – then go to Section C: Contact information</li> <li>You must provide one category B document and two category C documents.</li> <li>A document may only be used once for any category.</li> </ul>	
	Please complete the new	
Your category B docur provident and the second provident and the s	oof of identity section	
	at at the end of this form	

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

# **SECTION C:** Contact information

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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.

7. What are your contact details?

Provide your current contact details below –	place an 🗶	next to your preferred conta	ct phone number.
Business hours	_	Mobile	
	$\mathbf{X}$		
After hours			
	$\mathbf{X}$		
Email			

# 8. What is your residential address?

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

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

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

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

Site	e/bui	Idin	g an	d/o	r pos	sitio	n/de	par	tmer	nt (if	ap	plica	ible)										
H																					 	 	_
Add	lress	<b>s</b> (e.g	1. 12	3 J/	AMES	S AVE	ENUE	; or	UNIT	Г 1А,	, 30	JAN	IES S	STRE	ET)						 		
																			_	 	 _	_	-
H																			_	 	 _	 	_
City	/Sul	burb	/Tov	vn*																			
Sta	te or	terr	itory	<b>y</b> (e.	.g. VI	C, A(	CT) <b>/I</b>	nter	nati	onal	pro	ovino	ce*		Pos	tcod	e/ZI	P*					
Cou	Intry	íf o	the	r th	an A	uetr	alia)						1										
	intu y	(11.0		i ule		นอเม	and																_

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

Principal place of practice for a registered health practitioner is:

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

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

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

YES 🔀	NO 🔀 Provide yo	ur Australian principal place of practice below
Site/building and/or position/dep	artment (if applicable)	
Address (e.g. 123 JAMES AVENUE;	or UNIT 1A, 30 JAMES STF	REET)
City/Suburb/Town*		
State/Territory* (e.g. VIC, ACT)		Postcode*

#### 10. What is your mailing address?

Your mailing address is used

for postal correspondence

	My residential address
--	------------------------

My principal place of practice

Other (Provide your mailing address below)

ile/builui	ng and/	or posi	tion/de	partme	ent (if aj	pplicable	<del>;</del> )				
		_									
ddress/P	O Box (e	.a. 123	JAMES	AVENU	F: or UN	JIT 1A. 30	JAMES	STREET:	or PO B	OX 1234	
	JA (0	.9. 120			_, 01 01		C. IIILO	<u></u>	000		
ity/Subur	b/Town										 
tate or te	rritory (	e.g. VIC	, ACT) <b>/I</b>	nternat	ional p	rovince	Po	stcode/2	ZIP		
		A	stralia)								

### SECTION D: Qualification for the profession

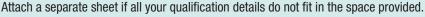
In accordance with section 69 of the National Law, to be eligible for limited registration for teaching or research you must demonstrate to the Board that your qualifications are relevant to and suitable for the position. To qualify, you must provide evidence of having been awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in both the Australian Medical Council directory, at **www.amc.org.au/assessment/list-of-medical-schools** and the World Directory of Medical Schools, at **https://search.wdoms.org**, or other publications approved by the Australian Medical Council and/or the Board. An approved course of study means that you must demonstrate that you have completed a medical curriculum of at least four academic years, leading to an entitlement to registration in the country issuing the degree to practise clinical medicine.

Visit www.medicalboard.gov.au for information on approved qualifications and examinations/assessments that are accepted.

# 11. What are the details of your degree in medicine?

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

Primary medical degree
Title of qualification
Name of institution (University/College/Examining body)
Country
Start date Completion date
MM / YYYY MM / YYYY
You <b>must</b> attach an original certified copy of your primary medical degree certificate that indicates completion of a course of study leading to a qualification in medicine.



12. Do you have any specialist medical qualifications that are	YES NO
relevant to your application?	Most recent specialist qualification
	Title of qualification
	Awarding body
	Completion date
	You <b>must</b> attach evidence of specialist qualifications.
	Additional specialist qualification
	Title of qualification
	Awarding body
	Completion date
	You <b>must</b> attach evidence of specialist qualifications.
	Attack a concrete about if all your apopulation datails do not fit in the apopulation
	Attach a separate sheet if all your specialist qualification details do not fit in the space provided.
13. What are the details of your internship (or comparable)?	Medical internship (or comparable) Name of hospital or institution
	Country
	Start date     Completion date       MM     / YYYY
	You <b>must</b> attach an original certified copy of a certificate of internship, a letter from a medical registration authority confirming completion of internship, or other relevant documentation that establishes internship completion.
	Attach a separate sheet if all your internship details do not fit in the space provided.
	urge verification of qualifications

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

For your application to be considered, you must have applied to have your qualifications verified through the Educational Commission for Foreign Medical Graduates (ECFMG) Electronic Portfolio of International Credentials (EPIC). The Australian Medical Council (AMC) will provide the verification to the Board.

For more information about the process go to the AMC website www.amc.org.au.

# 14. What is your AMC candidate number?

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# SECTION F: Registration history

#### 15. What is your health practitioner registration history?



To be eligible for registration you **must** provide evidence of current registration in the overseas locations where you practice.

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 ten years.** 

Certificates **must** be dated within three months of your application being received by Ahpra.

#### Most recent registration

#### State/Territory/Country

Profession	n
Period of	registration / MM / YYYY to DD / MM / YYYY
	You <b>must</b> 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 <b>www.ahpra.gov.au/About-Ahpra/Contact-Us</b> for your Ahpra state office address.
	Applicant's applying for registration for a short period to demonstrate a clinical

Auuluoliai leyisti attoli		
State/Territory/Country		
Profession		
Period of registration		
	to	



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

# SECTION G: 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.



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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.



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**Applicants applying for registration for a short period** to demonstrate a clinical procedure or participate in a workshop must also attach at least two professional references as follows:

- A reference from your current or most recent employer which is signed by a Director of Medical Services, or other senior person in authority.
  - A reference from a senior colleague in the same field of practice.

# **SECTION H:** Registration period



There is no set registration period for limited registration. We'll grant you registration for 12 months from the date of the Board's approval or the date you select, whichever is the latter.

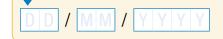
If it takes more than 12 months to complete the limited requirements, you'll need to renew your registration.

17. If this application is approved, when would you like your limited 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 I:** CPD homes

Registered medical practitioners engaged in any form of practice are required to participate regularly in Continuing Professional Development (CPD) that is relevant to their scope of practice.

You can find the CPD requirements for the medical profession on the Medical Board's website

www.medicalboard.gov.au/Professional-Performance-Framework/CPD.aspx

All doctors need a CPD home for their CPD (unless exempt). Read more about CPD homes and find the list of accredited homes here www.medicalboard.gov.au/Professional-Performance-Framework/CPD/About-CPD-homes.aspx

#### 18. Please select your proposed CPD home(s) from the list.



You are able to select multiple CPD homes if you have more than one.

You must have a CPD home before you commence your CPD for the current year.

Mark all	options	applicable
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- ACD Australasian College of Dermatologists ACEM - Australasian College for Emergency Medicine
- ACRRM Australian College of Rural and Remote Medicine
- ACSEP Australasian College of Sport and Exercise Physicians
- ANZCA Australian and New Zealand College of Anaesthetists
- CICM College of Intensive Care Medicine of Australia and New Zealand
- RACDS Royal Australasian College of Dental Surgeons
- RACGP Royal Australian College of General Practitioners
- RACMA Royal Australasian College of Medical Administrators
- RACP Royal Australasian College of Physicians
- RACS Royal Australasian College of Surgeons

- RANZCO Royal Australian and New Zealand College of Ophthalmologists
- RANZCOG Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- RANZCP Royal Australian and New Zealand College of Psychiatrists
- RANZCR Royal Australian and New Zealand College of Radiologists
- RCPA Royal College of Pathologists of Australasia
- AMA CPD Home
- CPD Australia
  - × Heti
  - < Osler
    - Skin Cancer College Australasia
  - I am a PGY2 doctor in accredited training or working in a supervised position in a hospital or general practice, so I don't need a CPD home for the PGY2 year
  - I have not chosen a CPD home yet, but will do so before I start my CPD

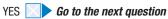
# SECTION J: Suitability statements



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

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

- 19. Do you currently hold registration with the Medical Board of Australia?
- 20. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?



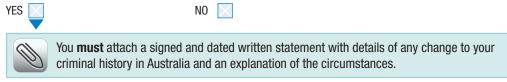
Go to question 25

You are required to:

provide details below, and

NO **Go to question 22** 

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.



21. 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

# 22. Do you have any criminal history in Australia?

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

Provide details below, then go to question 25

Country

Check reference number

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.

obtain an international criminal history check from an approved vendor for each country and



YES

NO

YES

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.

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.

NO



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

#### 23. 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/ internationalcriminalhistory

#### 24. 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

25. Have you previously been registered to practise as a medical practitioner in Australia and have used English as your primary language within the past five years?



NO

YES

You are required to:

• obtain an international criminal history check from an approved vendor for each country and provide details below, and

• provide details of your criminal history in a signed and dated written statement.

Country	Check reference number								
	You <b>must</b> attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.								
	You <b>must</b> attach the international criminal history check (ICHC) reference page provided by the approved vendor.								
Ø	You <b>must</b> attach a signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances.								

Go to the next question

NO

YES

NO

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

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

- All applicants for **initial registration**, which includes all applicants who have not used English as their **primary language** for a period of greater than five years (as at date of application), must demonstrate they meet the English language skills registration standard.
  - I declare I have used English as my primary language within the past five years. Go to question 31
  - Go to the next question

YES

#### 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
- your 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 (<u>AQF level 7</u> or higher) which requires you to read, write, listen to and speak English.

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.

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

D Ahpra may verify the information you provide below. For more information, see *English language skills* in the *Information and definitions* section of this form.

The combined education pathway - Provide details of secondary 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 advanced education pathway – Provide details of vocational 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 27

### I may be exempt from meeting the English Language skills registration standard

The Board will decide whether you meet the exemption criteria in the standard. Go to question 30

#### 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	Recognised country If applicable	Study status
Study commenced:	Primary				Full time
MMYYYY	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				
Study commenced:	Primary				Full time
MMYYYY	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				
Study commenced:	Primary				Full time
MMYYYY	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				



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

The qualification that is relied on for registration must have been taught and assessed solely in English. If the Board cannot verify this through the current online World Directory of Medical Schools, you may be asked to provide an academic transcript of your medical qualification which confirms that it was taught and assessed solely in English.

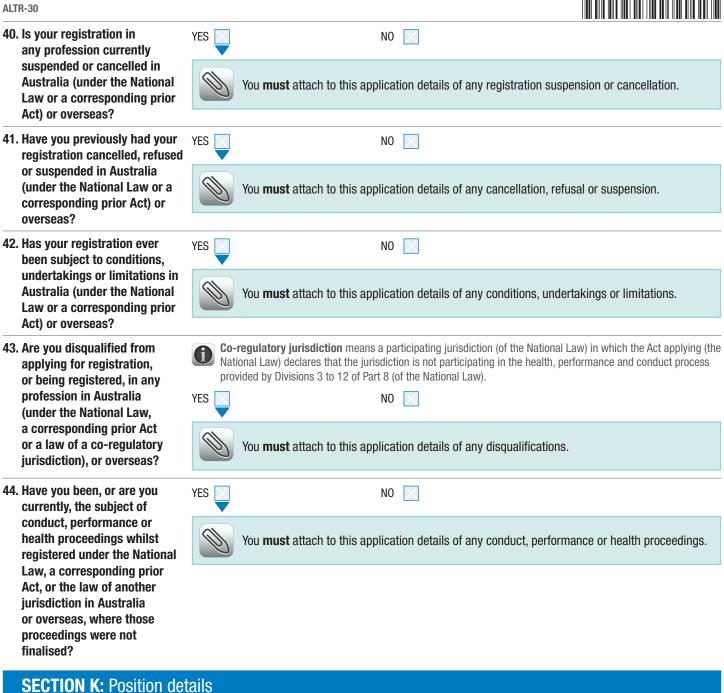
Where a transcript is required, if the transcript does not confirm that the course was taught and assessed in English, you will be required to arrange for a letter to be provided directly to Ahpra by the education provider confirming that the course was taught and assessed solely in English.



ALTR-30		
27. Were your results from the English language tests obtained in one or two sittings?	<b>W</b> month period. For more information One sitting <b>Provide date of test b</b>	se English language test results from a maximum of two test sittings <b>in a 12</b> n, refer to the Board's <i>English language skills registration standard</i> . <b>below, then go to the next question and complete details for one sitting</b> <b>then go to the next question and complete details for both sittings</b>
	Sitting one DD/MM/YY	Sitting two DD/MM/YYYY
• •	ge tests have you successfully compl the test(s) you are relying on and attach a	
Cambridge (C1 Advanced or C2 Verification number – sitting one: The Board requires Cambridge w in the writing component.		Verification number – sitting two (if applicable): tening, reading, and speaking components, and a minimum score of 176
Test report form number – sitting	A	Test report form number – sitting two (if applicable):
	re of 6.5 in the writing component.	re of 7 and a minimum score of 7 in the listening, reading, and speaking Candidate number – sitting two (if applicable):
The Board requires the OET with component.	a minimum score of B in the listening, readir	ng, and speaking components, and a minimum score of C+ in the writing
Pearson Test of English Acader Registration ID – sitting one:		Registration ID – sitting two (if applicable):
communicative skills, and a mini	emic with a minimum overall score of 66 and mum of 56 in the writing communicative skil <b>nguage internet-based test (TOEFL iBT)</b>	d a minimum score of 66 in the listening, reading, and speaking I.
Registration number – sitting one		Registration number – sitting two (if applicable):
The Board requires the TOEFL iB speaking.	with a minimum total score of 94 and the n	ninimum scores of 24 for listening, 24 for reading, 24 for writing, and 23 for
the reference number(s)	, so that Ahpra can verify your results.	two years, you <b>must</b> provide a copy of your test results, including ast two years, you <b>must</b> provide a certified copy of your results.
NZREX PLAB test		
You <b>must</b> provide a cert	ified copy of your English language test i	results.

ALTR-30	
29. Were your results from the above-mentioned English language tests obtained in the past two years?	<ul> <li>YES Solution of the question of the accepted, within 12 months of completing your test(s) you must have commenced:</li> <li>• 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</li> <li>• continuous enrolment in an approved program of study.</li> <li>You must lodge this application within 12 months of completing the employment and/or program of study.</li> </ul>
	<ul> <li>Attachment required below – then go to question 31</li> <li>You must attach a certified copy of your English language test results, and:</li> <li>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</li> <li>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.</li> </ul>
30. Why are you exempt from the English language skills registration standard?	E.g. "I am performing a demonstration in clinical techniques or I am undertaking research that involves limited or no patient contact." The Board will decide whether you meet the exemption criteria in the standard. If not, you will be required to meet one of the pathways.
	You <b>must</b> attach a separate sheet with additional details that do not fit in the space provided.
31. Do you meet the recency of practice registration standard?	<ul> <li>To meet the standard, medical practitioners must have practised within their scope of practice for a minimum total of:</li> <li>four weeks full-time equivalent in one registration period, which is a total of 152 hours, or</li> <li>12 weeks full-time equivalent over three consecutive registration periods, which is a total of 456 hours. For more information, see <i>Recency of practice</i> in the <i>Information and definitions</i> section of this form.</li> <li>YES Solution</li> </ul>
	Mark all options applicable to your application – then go to question 34         I have practiced a minimum of four weeks full-time equivalent (152 hours) in the last year.         I have practiced a minimum of 12 weeks full-time equivalent (456 hours) over the last three years.
32. Have you previously practised medicine for more than two	YES So to the next question NO
years? For more information, see <i>Practice</i> in the <i>Information and definitions</i> section of this form.	<ul> <li>Mark all options applicable to your application – then go to question 34</li> <li>I have practiced within the last 12 months.</li> <li>I have not practiced within the last 12 months.</li> <li>You are required to commence work under supervision in a training position approved by the Board. You must attach details of the supervised training position you propose to take up.</li> </ul>

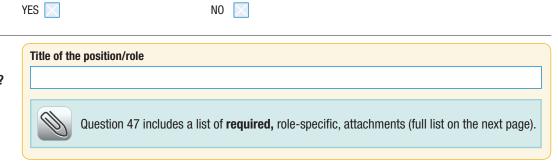
33. How long have you been absent from practise?	<ul> <li>Choose appropriate option <ul> <li>Less than one year</li> <li>Between one and three years</li> </ul> </li> <li>You must attach evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice.</li> <li>More than three years</li> <li>✓</li> <li>You must attach a plan for professional development and re-entry to practice for consideration by the Board. Refer to information relating to re-entry to practice at www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ</li> </ul>
34. Have you changed the scope of your practice in the previous 12 months?	YES VOU <b>must</b> attach details, including any relevant training and assessments undertaken for the Board to consider your application.
35. Will you be changing your scope of practice since you were last practising?	YES NO Yes You <b>must</b> attach details, including any relevant training and assessments undertaken for the Board to consider your application.
<ul> <li>36. Do you commit to having appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period?</li> <li>37. Will you be performing exposure-prone procedures in your practice?</li> </ul>	<ul> <li>The Board requires all applicants for general registration to have appropriate professional indemnity arrangements in place when practising. Applicants unable to meet this requirement are ineligible for registration. For more information, see <i>Professional indemnity insurance</i> in the <i>Information and definitions</i> section of this form.</li> <li>YES NO</li> <li>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 <i>Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017</i> available online at https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en</li> <li>You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in <i>Appendix 2</i> of the national quidelines.</li> </ul>
38. Do you commit to comply with the <i>Australian</i> <i>National Guidelines for the</i> <i>management of healthcare</i> <i>workers living with blood</i> <i>borne viruses and healthcare</i> <i>workers who perform</i> <i>exposure prone procedures</i> <i>at risk of exposure to blood</i> <i>borne viruses</i> ?	YES       Image: Solution of the next question       NO       Image: Solution of the next question         Image: Solution of the next question       NO       Image: Solution of the next question       Solution of the next question         Image: Solution of the next question       NO       Image: Solution of the next question       Solution of the next question         Image: Solution of the next question       NO       Image: Solution of the next question of the next questin the next question of the next question of the next que
39. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?	For more information, see Impairment in the Information and definitions section of this form.         YES       NO         Vourmust attach to this application details of any impairments and how they are managed.         Effective from: 21 August 2025



45.	How many months do you
	require limited registration
	(maximum of 12 months)?

46. Will clinical practice be required in the role?

47. What are the details of the position for which limited registration is being sought?



Months

#### Question 47 (noted as 47-1 on Checklist)

#### Applicants demonstrating a clinical technique or participating in a workshop

- You **must** attach:
  - a position description including:
    - key selection criteria addressing clinical responsibilities, and
    - qualifications and experience required (this should be obtained from the employer).
- your offer of engagement.

#### Question 47 (noted as 47-2 on Checklist)

#### Applicants applying for a teaching role

- You **must** attach a position description. The position description must:
- include the key selection criteria
- include the qualifications and experience required for the position (obtained from the employer)
- detail the teaching activities that will be undertaken
- if there is any clinical practice, demonstrate that it is directly related to the teaching role and define the clinical duties and the extent of those duties
- · demonstrate that more than 50 percent of your practice is teaching.

#### Question 47 (noted as 47-3 on Checklist)

You **must** attach:

# Ø

- a research protocol
- a position description. The position description must:
- include the key selection criteria

Applicants applying for a research role

- include the qualifications and experience required for the position (obtained from the employer)
- detail the research activities that will be undertaken and which must align with your role defined in the research protocol
- demonstrate that more than 50 per cent of your practice is in research
- if there is any clinical practice, demonstrate that it is directly related to the research role (as defined in the research protocol) and define the clinical duties and the extent of those duties
- if ethics approval is required:
  - evidence of approval of the research by a Human Research Ethics Committee (HREC) and evidence that your name and
    position has been included in the application for ethics approval, or in an application for ethics approval amendment or
    modification

OR

- if your proposed employer has yet to make an application for ethics approval, written confirmation from your proposed employer that the research project will be submitted for HREC approval including:
  - the name of the HREC that will be considering the application for ethics approval
  - confirmation that your name and position will be included in the HREC application.

If your application for registration is granted, you will be required to provide evidence of ethics approval before renewal of registration can be approved.

- if your research involves clinical trials, you must include:
  - evidence that the clinical trial is registered with the Australian New Zealand Clinical Trials Registry at https://www.anzctr.org.au, or
  - written confirmation from your proposed employer that the clinical trial will be registered with the Australian New Zealand Clinical Trials Registry before recruitment of the first participant.

For more information see the Board's registration for limited registration for teaching or research at https://www. medicalboard.gov.au/Registration-Standards.aspx and the supporting Information sheet: Limited registration for teaching or research – Requirements for applicants applying to work in research positions at https://www.medicalboard.gov.au/ Codes-Guidelines-Policies/FAQ.aspx.

# SECTION L: Obligations and consent



ALTR-30

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

# **Obligations of registered health practitioners**

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

#### **Continuing professional development**

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

#### Professional indemnity insurance arrangements

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

#### Notice of certain events

- 5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
  - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
  - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
  - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
  - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
  - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
  - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
  - g) a complaint is made about the practitioner to the following entities—

     (i) the chief executive officer under the *Human Services (Medicare)* Act 1973 (Cth);
    - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
    - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
    - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
    - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
  - h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

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

- 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**

- 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. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

# Consent to nationally coordinated criminal history check

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

I acknowledge that:

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

## Consent

If I provide the Board details of an English language test I have completed, I authorise the Board to use the information I provide to verify those results with the test provider. I understand the test provider may be overseas. I consent to the Board and Ahpra making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I acknowledge that:

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

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

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

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

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

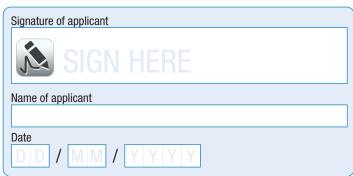
I confirm that I have:

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

I declare that:

 the above statements, and the documents provided in support of this application, are true and correct, and

• I am the person named in this application and in the documents provided. I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.



# PART B – To be completed by the applicant and appointed agent (if applicable)

# SECTION M: Third party to act on behalf of applicant

NO



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

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



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

YES 💽	Complete applicant authorisation and arrange for agent to complete agent authorisation

Applicant authorisation

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

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

🔀 receive all formal correspondence from the Board in relation to this application.

Date	Signature of applicant
	SIGN HERE

# Agent authorisation

AGENT TO COMPLETE: I consent to act as agent of the Full name of agent	registrant named below.
Full name of applicant	
Agent contact details	
Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30	JAMES STREET; or PO BOX 1234)
City/Suburb/Town	
State or territory (e.g. VIC, ACT)/International province	Postcode/ZIP
Country	
Business hours	Mobile
Email	
Date	Signature of agent
	SIGN HERE

# 

# PART C – To be completed by the employer or sponsor contact (if not employed)

# **SECTION N: Employer details**

# 49. What are the details of your employer or sponsor contact?

A contact person in the employing practice (e.g. the name of human resource manager/business manger) or sponsor contact and email must be provided for receipt of correspondence.

Provide en	Provide employer details below																			
MR 🔀	MRS 📐	< N	niss [	$\times$	MS	$\times$		DR	$\times$		0TH	IER								
Family (lega	Family (legal) name of employing practice contact or sponsor contact																			
First given	First given name																			
I li st given	name																			
Name of en	nploying p	oractic	е																	
Address/PC	) Box (e.g.	. 123 J	JAMES	AVE	NUE;	or l	JNIT	1A,	30 J	AME	IS ST	FREE	T; or	P0	BOX	123	34)			
City/Suburt	o/Town																			
Ctata/Tarrit			<b>T</b> )							Dee										
State/Territ	ory (e.g. v	10, AU	1)							POS	code	e		1						
Business h	ours conta	act pho	one nu	imbe	r	_				Mot	oile									
Email																				

# SECTION O: List of sites

#### 50. What are the names and addresses of all sites of practice for which limited registration is being sought?



Provide the name and address of each site for which limited registration is required to undertake clinical practice.

Board approval does not provide access to a Medicare provider number.

Full	name	e of I	hosp	ital/	prac	tice/	clini	C												
0:4-0/	ite/Building (if applicable)																			
Sile/	DUIIC	ung	(II a	philo	able	)														
Addr	Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)																			
City/	/Subi	urb/1	Town	1																
State	e/Ter	ritor	<b>y</b> (e.	g. VIC	C, AC⁻	Γ)							Pos	tcod	le					
Phor	ne nu	imbe	er																	

ite/Building (if applicable)	
ddress (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)	
ddress (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)	
ddress (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)	
Idress (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)	
ty/Suburb/Town	
ate/Territory (e.g. VIC, ACT) Postcode	
none number	

# SECTION P: Employer or sponsor contact declaration

I declare that the information provided in this document (including supervision and training details) is true and correct. I confirm that the doctor (applicant) named below has been formally offered the position or engagement as described in this application.

Name of applicant	Name of employer or sponsor
Date	Signature of employer or sponsor
	SIGN HERE

# SECTION Q: Supervisor details

# 51. What are the details of the principal supervisor?

International medical graduates eligible for limited registration must meet supervision requirements as outlined in the Board's *Guidelines - Supervised practice for international medical graduates.* 

Provide pr	incipal supe	ervisor conta	ct details b	elow				
MR 🔀	MRS 🔀	MISS 🔀	MS 🔀	DR 🔀	OTHER	SPECIFY		
Family (lega	al) name							
First given	name				`			
Registratio	n number			Γ				
MED								
Position								
	) Box (e.g. 12	23 JAMES AVE	NUF: or UN	T 1A, 30 JAI	MES STREE	T; or PO BOX 12	234)	
	Dox (0.g. 12			1 171, 00 071				
								 _
City/Suburt	o/Town							
State/Territ	ory (e.g. VIC,	ACT)		P	ostcode	· · · · · · · · · · · · · · · · · · ·		
	,	,						
Rusiness h	ours contact	phone numbe	Pr	N	obile			
Email								
	You <b>must</b> a	ttach:						

- A supervised practice plan, in accordance with the Board's *Guidelines Supervised practice for international medical graduates*. A detailed supervision plan does not need to be submitted if you are seeking registration for four weeks or less and are demonstrating a clinical technique or participating in a workshop.
  - If registration is for more than four weeks, a plan for continuing professional development activities in accordance with the Board's registration standard for continuing professional development.

Refer to *Supervised practice plan* template at **www.medicalboard.gov.au/Registration/** Forms and also to the *Guidelines - Supervised practice for international medical graduates* available at **www.medicalboard.gov.au/Registration/International-Medical-Graduates/ supervision** 

Applicants who intend to renew registration three or more times must demonstrate satisfactory progress towards meeting the requirements for general or specialist registration. For more information, see the Board's Fact sheet *Information on how international medical graduates can demonstrate satisfactory progress towards attaining general or specialist registration* available at **www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ**.

52. Will the applicant be demonstrating a clinical technique or participating in a workshop?



NO **Go to section R: Principal supervisor's undertaking** 

All clinical contact must be under the supervision or oversight of the nominated principal supervisor.

You **must** attach a letter from the nominated principal supervisor or a locally registered medical practitioner confirming that they agree to take responsibility for the ongoing care of the applicant's patient(s) when they are no longer practising in Australia.

# SECTION R: Principal supervisor's undertaking

I undertake to be the applicant's principal supervisor, to provide supervision in accordance with the Board's Guidelines and to provide a level of supervision as stated in accordance with the Board approved supervision plan and as otherwise determined from time to time by the Board. I further agree to:

• ensure as far as possible, that the IMG is practising safely and is not placing the public at risk

- observe the IMG's work (or where applicable, delegate the observation of day-to-day work to appropriately qualified co-supervisors), conduct case reviews, periodically conduct performance reviews and address any problems that are identified
- ensure that any term co-supervisors that I appoint that are delegated the day-to-day supervision meet the requirements set in the Board's guidelines (this is only applicable to DMS or DCT (or equivalent) in a hospital setting)
- ensure before I delegate supervision to a temporary co-supervisor, that he/she has general and/or specialist registration and is appropriately
  experienced to provide the supervision
- notify the Board immediately if I have concerns about the IMG's clinical performance, health or conduct or if the IMG fails to comply with conditions, undertakings or requirements of registration
- ensure that the IMG practises in accordance with work arrangements approved by the Board
- ensure that Board approval has been obtained for any proposed changes to supervision or work arrangements before they are implemented
- · inform the Board if I am no longer able or willing to undertake the role of the IMG's supervisor
- provide reports to the Board in a form approved by the Board including an orientation report and a work performance report after three
  months initial registration and work performance reports at renewal or new application or at subsequent intervals as determined by the Board
- complete the online education and assessment module, if not previously completed (login details will be provided after the supervision arrangements have been approved).



# ART D – To be completed by the applicant

# **SECTION S:** Payment

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

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



#### **Refund rules**

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

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

Credit/Debit card payment slip – please fill out	
Amount payable	Name on card Cardholder's signature SIGN HERE
Effective from: 21 August 2025	Page 25 of 29

# **SECTION T:** Checklist

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

Additional docu	mentation	Attached
Question 1	Evidence of a change of name	$\times$
Question 4	Certified copies of all documents that provide sufficient evidence of your identity	$\times$
Question 6	Certified copies of all documents that provide sufficient evidence of your identity	$\times$
Question 11	Certified copy of your primary medical degree certificate	$\times$
Question 11	A separate sheet with your additional qualification details	$\times$
Question 12	Evidence of your specialist qualifications	$\times$
Question 12	A separate sheet with additional specialist qualification details	$\times$
Question 13	Certified copy of your internship certificate	$\times$
Question 13	A separate sheet with additional internship 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 your additional registration details	$\times$
Question 16	A curriculum vitae	$\mathbf{X}$
Question 16	At least two professional references	$\times$
<i>Questions</i> 20 & 22	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	$\times$
<i>Questions</i> 21 & 23	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	$\mathbf{X}$
<i>Questions</i> 21 & 23	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	$\times$
Questions 21, 23 & 24	ICHC reference page provided by the approved vendor	$\times$
Question 24	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	$\times$
Question 26	A separate sheet with any additional qualification details	$\times$
Question 26	Transcript(s)/letter(s) from the education provider confirming that your course was taught and assessed solely in English	$\times$
Question 28 & 29	Certified copy of your English language test results	$\times$
Question 29	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	$\times$
Question 30	A separate sheet with additional reasons for your exemption from the English language skills registration standard	$\mathbf{X}$
Question 32	Details of the supervised training position you propose to take up	$\mathbf{X}$
Question 33	Evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice	$\mathbf{X}$
Question 33	A plan for professional development and for re-entry to practice	$\times$
Question 34	Details of change of scope of practice	$\times$
Question 35	Details of change of scope of practice	$\times$
Question 39	A separate sheet with your impairment details	$\times$
Question 40	A separate sheet with your current suspension or cancellation details	$\times$
Question 41	A separate sheet with your previous cancellation, refusal or suspension details	$\times$
Question 42	A separate sheet with your conditions, undertakings or limitations details	$\times$
Question 43	A separate sheet with your disqualification details	$\times$
Question 44	A separate sheet with your conduct, performance or health proceedings	$\times$
Question 47-1	A position description for applicants applying for registration to demonstrate a clinique technique or participate in a workshop	$\times$

Checklist continues over page...

# checklist continued

.check	dist co	ntinued
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Additional docu	imentation	Attached
Question 47-1	Your offer of engagement for applicants applying for registration to demonstrate a clinical technique or participate in a workshop	$\times$
Question 47-2	A position description for your teaching role	$\times$
Question 47-3	A research protocol for your research role	$\times$
Question 47-3	A position description for your research role	$\times$
Question 47-3	Evidence of ethics approval of the research (if required)	$\mathbf{X}$
Question 47-3	Confirmation from proposed employer that the research project will be submitted for HREC (if required)	$\mathbf{X}$
Question 47-3	Evidence that the clinical trial is registered with the Australian New Zealand Clinical Trials Registry (if required)	$\mathbf{X}$
Question 47-3	Confirmation from proposed employer that clinical trial will be registered with the Australian New Zealand Clinical Trials Registry (if required)	$\times$
Question 50	A separate sheet with the names and addresses of additional sites	$\times$
Question 51	A supervised practice plan	$\mathbf{X}$
Question 52	A plan for continuing professional development	$\times$
Question 52	Letter from the nominated principal supervisor or a locally registered medical practitioner	$\mathbf{X}$
Payment	·	i
	Application fee	$\times$
	Registration fee	$\mathbf{X}$



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 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 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 guidelines, 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 guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx

### **CHANGE OF NAME**

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

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

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

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

### **CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

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

You must complete at least 50 hours of CPD each calendar year that must include a range of activities to meet your individual learning needs, including reviewing performance and measuring outcomes activities (at least 25 hours), such as practice meetings, clinical audit, peer-review or performance appraisal, as well as participation in education activities to enhance knowledge such as reading, courses, conferences and online learning (at least 12.5 hours). You must join an AMC-accredited CPD home (medical college or non-college home). You can access the information from the Medical Board website www.medicalboard.gov.au/Professional-Performance-Framework/CPD.aspx

These requirements apply to all registered medical practitioners with practising registration except:

- interns in accredited intern training programs and doctors in postgraduate year 2 positions who are participating in a structured program that leads to a certificate of completion
- medical practitioners who have limited registration in the public interest or limited registration for teaching or research (to demonstrate a procedure or participate in a workshop) and who have been granted registration for no more than four weeks.

Medical practitioners may be granted an exemption or variation from these requirements by their CPD home in relation to continuous absence from practice of at least six months and up to and including 12 months for parental or carer leave, serious illness or other approved circumstances. The Board does not grant exemptions directly to practitioners.

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

### **CRIMINAL HISTORY**

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

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

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession.

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

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

### **CURRICULUM VITAE**

Your curriculum vitae must:

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

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

### ENGLISH LANGUAGE SKILLS

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

### IMPAIRMENT

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

#### PRACTICE

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

### **PROFESSIONAL INDEMNITY INSURANCE (PII)**

You must have PII, or some alternative form of indemnity cover that complies with the Board's standard, for all aspects of your medical practice. Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII - you will need to confirm this with your employer. Medical practitioners are exempt from requiring PII, where the scope of medical practice of an individual medical practitioner does not include the provision of health care or medical opinion in respect of the physical or mental health of any person or where a medical practitioner has statutory exemption from liability or where a medical practitioner is practising exclusively overseas.

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

### **RECENCY OF PRACTICE**

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

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

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

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

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

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

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

### **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.

#### 1. Do you have an Australian residential address?

- Yes You will be asked to complete your identity verification through Ahpra's third party vendor, InstalD+. For further information, please refer to the *Proof of identity requirements* 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*



Yes -

) 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. Can you provide the following proof of identity documents:

- one 'commencement of identity' document (e.g. Australian passport, Australian birth certificate)
- one 'primary use in the community' document (e.g. Australian drivers licence, Overseas Passport)
- two 'secondary use in the community' documents (e.g. Medicare card, Australian institution Tertiary Student Photo ID, Foreign government issued document)

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 *Proof of identity requirements* available at www.ahpra.gov.au/identity.

#### ○ No – Go to the next question

#### 4. For Ahpra to verify your identity, can you provide two (2) of the following documents:

- a current Australian visa
- foreign birth certificate
- foreign identity card
- a current foreign driver's licence foreign marriage certificate
- credit or debit card

Yes – You will be asked to complete your identity verification through Ahpra's third party vendor, InstalD+. For further information, please refer to the *Proof of identity requirements* available at www.ahpra.gov.au/identity

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 InstalD+ 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.