

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

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This PDF form will only be available for a limited time.

Applying online is easier, faster and more secure

Applying online also means you can

- 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.

Keeping in contact

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





Application for oral examination (practice) or oral examination (pharmacy law and ethics)

Profession: Pharmacy

Section 52(1)(b)(ii) of the Health Practitioner Regulation National Law (the National Law)



This form **should not** be used by pharmacy interns applying for the oral examination (practice) or the written examination. Pharmacy interns should use the form *Application for a pharmacy intern to be a candidate for an oral examination (practice) – APOE-60.*

This application may be used by Australian Pharmacy Council (APC) Stream B candidates and pharmacists returning to practice or applying to change their registration status, who are required to sit an oral examination (practice) and/or an oral examination (pharmacy law and ethics), as determined by the Board.

It is important that you refer to the Pharmacy Board of Australia's (the Board) registration standards, codes and guidelines and the *Oral examination candidate guide* when completing the form. Registration standards, codes and guidelines and the *Oral examination candidate guide* can be found at **www.pharmacyboard.gov.au**

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.



Attentior

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.
- 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.

1. What is your name and birth details?



If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board.

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.

Title*	MRS 🔀	MISS 🔀	MS 🔀	DR 🔣	OTHER	SPECIFY	
Family na	me*						
First giver	name*						
Middle na	me(s)*						
Previous r	names know	n by (e.g. ma	iden name)				
Date of birth DD / MM / YYYY							
Country of	f birth						

2. What is your Ahpra registration number?

Ahpra registration number
PHA

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SECTION B: Contact information



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

What are your contact details	3?						
Triat are your contact actain	Provide your current contact details below – place an 🗶 next to your preferred contact phone number.						
	Business hours Mobile						
	After hours						
	Email						
What is your residential address?	Site/building and/or position/department (if applicable)						
When you are not yet							
practising, or when you are							
not practising the profession							
predominantly at one addres							
your residential address will be recognized as	Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)						
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.	City/Suburb/Town						
Refer to the question below for the definition of principal							
place of practice.							
Residential address cannot	State or territory (e.g. VIC, ACT)/International province Postcode/ZIP						
be a PO Box.							
	Country (if other than Australia)						
Will the address of your	YES NO Provide your Australian principal place of practice below						
principal place of practice be							
the same as your residential	Site/building and/or position/department (if applicable)						
address?							
Principal place of practice for a registered health							
practitioner is:							
the address at which you will prodominantly proction	Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)						
will predominantly practis 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.							

Effective from: 18 September 2025

City/Suburb/Town*

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

Principal place of practice

The information items marked with an asterisk (*) will appear

cannot be a PO Box.

on the public register.

Postcode*

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100	

6.	What is your mailing address?	My residential address						
	Your mailing address is used for postal correspondence	My principal place of practice						
		Other (Provide your mailing address below) Site/building and/or position/department (if applicable)						
		Address/P0 Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or P0 B0X 1234)						
		Suburb/City/Town						
		State or territory (e.g. VIC, ACT)/International province Postcode/ZIP						
		Country (if other than Australia)						
	SECTION C: Oral examin	ation						
7.	What type of oral examination will you undertake?	Mark the type of oral examination ☐ Pharmacy law and ethics ☐ Practice						
8	What is the date of the oral							
0.	examination (if already advised by Ahpra officer)?	Date DD / MM / Y Y Y Y						
9.	In which state office are you	State/Territory						
	seeking to undertake this oral examination?	VIC NSW QLD SA WA NT TAS ACT						

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SECTION D: Payment

Payment amount:

Applicants must pay 100% of the stated fee at the time of submitting the application.

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



Do not email this form.

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

Credit/Debit card payment slip – please fill out							
Amount payable \$ Visa or Mastercard number Expiry date CVV	Name on card Cardholder's signature SIGN HERE						