



Portfolio for the assessment of non-approved qualifications

Profession: Podiatry

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

This form **should** be used by:

- Individuals who have completed a qualification outside of Australia
- Individuals who have completed a qualification in Australia which is not approved by the Podiatry Board of Australia

This form **should NOT** be used by:

- Third parties or agents
- Individuals who have completed a qualification approved by the Podiatry Board of Australia
- Individuals currently registered as a podiatrist in New Zealand
- Individuals who have previously held registration as a podiatrist in Australia under the National Law or a corresponding prior Act.

Privacy and confidentiality

The Podiatry Board (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.
-  **Mail document(s) directly to Ahpra**
Requires delivery of documents by an organisation or the applicant.

Completing this form

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



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

Disclaimer

The purpose of the Portfolio is to provide initial guidance on the steps (assessment stages) that will need to be successfully completed to be eligible to apply for registration as a podiatrist in Australia. It does not assess whether an individual satisfies the eligibility requirements for registration.

To establish a Portfolio, all prospective applicants must confirm that they have read and understood the contents of, and can currently satisfy or, when they submit their registration application, will be able to satisfy the requirements of the following of the Board's [registration standards](#):

- English language skills registration standard
- Criminal history registration standard
- Recency of practice registration standard, and
- Professional indemnity insurance registration standard.

The Portfolio review identifies whether an individual meets the qualification requirements. If an individual subsequently applies for registration, the Board and/or Ahpra acting under delegation, will ask for information as part of the registration application. Then assess that information against the eligibility requirements including the Board's registration standards. The Board or Ahpra will determine whether an individual is eligible for registration.

The Health Practitioner Regulation National Law, as in force in each state and territory (National Law) requires applicants for registration to satisfy all requirements for registration including that they are qualified and hold a qualification as specified under the National Law; meet the requirements for suitability and the requirements in registration standards to be eligible for the grant of registration.

SECTION A: Application criteria

1. Do you hold current registration as a podiatrist in New Zealand?

YES

NO **Go to the next question**



You are not eligible to use this form.

As you hold registration as a podiatrist in New Zealand you may be eligible for registration under the Commonwealth *Trans-Tasman Mutual Recognition Act 1997* (TTMR Act).

For further information on applying for registration please see www.podiatryboard.gov.au/Registration-Endorsement



2. Do you hold a Board approved qualification or have you previously held registration as a podiatrist in Australia?

YES

NO Go to the next question

 **You are not eligible to use this form.**
 You are not required to have your qualifications assessed prior to applying for registration. For further information on applying for registration, please see www.podiatryboard.gov.au/Registration-Endorsement

SECTION B: Personal details

3. What is your name and date of birth?

Title*
 MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

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

Date of birth / /

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

4. What are your birth and personal details?

Country of birth

City of birth

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

Sex*
 MALE FEMALE INTERSEX/INDETERMINATE

Languages spoken fluently other than English (optional)*

SECTION C: Proof of identity

5.

 You **must** attach a certified copy of your current passport with this form. Your passport must be certified as a true copy of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.



SECTION D: 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.

Business hours **Mobile**

After hours

Email

7. What is your residential address?

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

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

City/Suburb/Town*

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

Country (if other than Australia)

8. Is your mailing address the same as your residential address?

YES *Go to the next question* NO

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

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

City/Suburb/Town

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

Country (if other than Australia)



SECTION E: Podiatrist (general)

 Podiatrists who apply for general registration but do not hold Board-approved or Board-recognised qualification(s) will have their qualification(s) assessed against the Board's qualification assessment criteria.

For more information on the Board's requirements, see the qualification assessment criteria on the Board's website www.podiatryboard.gov.au/Registration-Endorsement/Internationally-qualified-podiatrists.aspx.

9. Does your portfolio include a qualification as a podiatrist?

YES

NO



You must ensure you provide information relating to this qualification for the assessment of your portfolio when asked in Section H.

SECTION F: Podiatric surgeon (specialist)

 Podiatric surgery qualification(s) will be assessed against the assessment criteria available on the board's website www.podiatryboard.gov.au/Registration-Endorsement/Internationally-qualified-podiatric-surgeons.aspx.

For more information regarding the Board's requirements for specialist registration as a podiatric surgeon in Australia, refer to the Board's *Registration standard for specialist registration*.

10. Does your portfolio include a qualification in podiatric surgery?

YES

NO



You must ensure you provide information relating to this qualification for the assessment of your portfolio when asked in Section H.

SECTION G: Endorsement of scheduled medicines

 Qualifications for endorsement of scheduled medicines are recognised for the purpose of authorisation to administer, obtain, possess, prescribed, sell, supply or use prescription and non-prescription medicines for the treatment of podiatric conditions, by a statutory authority in the country, state or province where the qualification was obtained.

To be eligible for endorsement for scheduled medicines you must hold general and/or specialist registration with the Board and hold:

- an approved qualification for endorsement for scheduled medicines, or
- another qualification that the Board considers to be substantially equivalent to, or based on similar competencies to, an approved qualification for endorsement for scheduled medicines.

The Board's endorsement requirements are explained in the *Registration standard: Endorsement for scheduled medicines*

www.podiatryboard.gov.au/Registration-Endorsement/Internationally-qualified-podiatrists/Endorsement-for-scheduled-medicines.aspx

For information about the Board's requirements for endorsement for scheduled medicines, see the Board's website www.podiatryboard.gov.au/Registration-Endorsement/Endorsement-Scheduled-Medicines.aspx.

11. Does your portfolio include a qualification to be assessed for the endorsement of scheduled medicines?

YES

NO



You must ensure you provide information relating to this qualification for the assessment of your portfolio when asked in Section H.



SECTION H: Qualification for the profession



You may be requested to provide a copy of your course/curriculum outline once your qualifications have undergone an initial review. For more information on the board's requirements, see the qualification assessment criteria on the Board's website www.podiatryboard.gov.au/Registration-Endorsement/Internationally-qualified-podiatrists.aspx.

All documents **must** be certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

All certified copies **must** be in colour as per the qualification assessment criteria or you may experience delays in the processing of your portfolio.

All documents must be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/About-Ahpra/Translations for further information.

12. What are the details of your primary qualification in the profession?



Such as Diploma level or Bachelor level qualifications. Refer to the qualification assessment criteria for more information.

Primary qualification and examinations/assessments
 Select what your qualification applies to:

Podiatrist
 Podiatric surgeon
 Endorsement of scheduled medicines

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date
 /
 /

You **must** attach a certified colour copy of your primary podiatry transcript and/or diploma supplement, award certificate, or equivalent official documents issued by the education provider that indicates completion of a course of study leading to a qualification in podiatry.

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

13. If applicable, what are the details of subsequent qualifications you completed related to the profession?



Such as Master or PhD level qualifications, certification exam, Supervised practice or any qualification, or examination details unable to fit above.

Refer to the qualification assessment criteria for more information.

Subsequent qualification and examinations/assessments
 Select what your qualification applies to:

Podiatrist
 Podiatric surgeon
 Endorsement of scheduled medicines

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date
 /
 /

You **must** attach a certified colour copy of your original academic transcript and award certificate or certificate that indicates completion of the qualification mentioned in this form.



Additional subsequent qualification and examinations/assessments
 Select what your qualification applies to:
 Podiatrist Podiatric surgeon Endorsement of scheduled medicines

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date
 / /

 You **must** attach a certified colour copy of your original academic transcript and award certificate or certificate that indicates completion of the qualification mentioned in this form.

Additional subsequent qualification and examinations/assessments
 Select what your qualification applies to:
 Podiatrist Podiatric surgeon Endorsement of scheduled medicines

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date
 / /

 You **must** attach a certified colour copy of your original academic transcript and award certificate or certificate that indicates completion of the qualification mentioned in this form.

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

SECTION I: Registration history

 You may be requested to provide additional information relating to your circumstances. For more information, see the qualification assessment criteria on the Board's website www.podiatryboard.gov.au/Registration-Endorsement/Internationally-qualified-podiatrists.aspx.

14. Is there a statutory licensing/ registration authority for the profession in the country where you obtained your qualification? YES NO



15. Have you ever held registration as a podiatrist in the country where you obtained your qualification?

YES [Go to the next question](#) NO

Attachment required below, then go to question 17



You **must**:

- attach a certified colour copy of official confirmation of your eligibility for registration and/or any pre-registration assessment or examination results, **OR**
- provide a certified colour copy of the proof of recognition that allows you to practice the profession, registration with a non-statutory regulatory body, **OR**
- provide certified colour documentation of required membership in a professional association in the country you obtained your qualification.

16. What is your registration history in the country where you obtained your qualification?

Most recent registration

Select what your registration applies to:

Podiatrist Podiatric surgeon Endorsement of scheduled medicines

Name of country

Name of State, Province or Territory

Name of regulator or authority

Year(s) of registration

/ / to / /



You **must** attach a certified copy of your registration certificate as a podiatrist in the country, state or province where you obtained your qualification.

Additional registration history

Select what your registration applies to:

Podiatrist Podiatric surgeon Endorsement of scheduled medicines

Name of country

Name of State, Province or Territory

Name of regulator or authority

Year(s) of registration

/ / to / /



You **must** attach a certified copy of your registration certificate as a podiatrist in the country, state or province where you obtained your qualification.



Additional registration history

Select what your registration applies to:

- Podiatrist
- Podiatric surgeon
- Endorsement of scheduled medicines

Name of country

Name of State, Province or Territory

Name of regulator or authority

Year(s) of registration

/ / to / /



You **must** attach a certified copy of your registration certificate as a podiatrist in the country, state or province where you obtained your qualification.



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

17. Have you been employed as a podiatrist in the country where you obtained your qualification?

YES

NO [Go to Section G: Declaration](#)



You **must** attach:

- A signed statement of service from your most recent employer, and
- A signed and dated curriculum vitae that describes your full practice history and any training undertaken.

It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for mandatory requirements of the CV. For more information about your Statement of Service, see *Statement of Service* in the *Information and definitions* section of this form.



SECTION J: Declaration

I **confirm** that I have read and understood the contents of, and can currently satisfy or, when I submit my registration application, will be able to satisfy the requirements of the Podiatry Board of Australia (the Board) [registration standards](#), including the:

- English language skills registration standard
- Criminal history registration standard
- Recency of practice registration standard, and
- Professional indemnity insurance registration standard

I **acknowledge** that:

- I will be required to provide information in support of the requirements in the registration standards at the time of lodging an application for registration
- the requirements in the registration standards may change before I apply for registration
- Ahpra may validate documents provided in my Portfolio. If I subsequently apply for registration, the Board or Ahpra under delegation, may refuse to grant my application for registration because I gave the Board a document or information that was false and/or misleading in a material particular
- 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.
- the Portfolio review does not assess whether (or not) I have satisfied the eligibility requirements for registration
- if I subsequently apply for registration the Board and/or Ahpra acting under delegation, will ask for information as part of the registration application and assess that information against the eligibility requirements, including the registration standards in place at the time of my application. The Board or Ahpra will determine whether or not I am eligible for registration and may determine that I am granted registration subject to conditions as necessary and desirable in the circumstances
- if I subsequently apply for registration, when assessing my registration application, the Board will consider any health impairments, criminal history or disqualification(s) under the law of a co-regulatory jurisdiction from applying for registration, or being registered in the health profession to assess whether I am suitable to be granted registration and/or should be granted registration subject to conditions as necessary and desirable in the circumstances, and

I **consent** to Ahpra making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding matters relevant to my Portfolio.

I **declare** that:

- the information, and the documents provided in support of this Portfolio, are true and correct, and
- I am the person named in this Portfolio and in the documents provided.

Signature of individual



SIGN HERE

Name of individual

Date

 / /



SECTION K: Payment

You are required to pay an assessment fee for podiatrist, podiatric surgeon, and/or endorsement qualification assessment.

Use the table below to select your assessment fee(s). Your Amount payable depends on which qualifications are included in your portfolio

Assessment fee:		=	Amount payable:	
\$ INSERT FEE			\$ INSERT FEE	
<input checked="" type="checkbox"/>	Podiatrist		\$660	Candidates must pay 100% of the stated fees at the time of submitting the application.
<input checked="" type="checkbox"/>	Podiatric surgeon		\$660	
<input checked="" type="checkbox"/>	Endorsement of scheduled medicines		\$660	

Refund rules
The assessment fee is non-refundable.

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

Credit/Debit card payment slip – please fill out

Amount payable

Visa or Mastercard number

Expiry date

 /

CVV

Name on card

Cardholder's signature

SIGN HERE



SECTION L: Checklist

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

<i>Additional documentation</i>		Attached
Question 3	Certified evidence of a change of name	<input type="checkbox"/>
Question 5	A certified copy of your passport	<input type="checkbox"/>
Question 12	Certified course completion evidence for the primary qualification or examination/ assessment mentioned within this form	<input type="checkbox"/>
Question 12	A separate sheet of qualifications that do not fit in the space provided	<input type="checkbox"/>
Question 13	Certified evidence of subsequent qualification or examination/assessment mentioned within this form	<input type="checkbox"/>
Question 13	A separate sheet of qualifications that do not fit in the space provided	<input type="checkbox"/>
Question 15	Certified official confirmation of eligibility for registration, pre-registration assessment/examination results	<input type="checkbox"/>
Question 15	Certified proof of recognition that allows practice in the profession	<input type="checkbox"/>
Question 15	Certified evidence of registration with a non-statutory regulatory body	<input type="checkbox"/>
Question 15	Certified documentation of required membership in a professional association in the country you obtained your qualification	<input type="checkbox"/>
Question 16	A certified copy of your registration certificate as a podiatrist in the country you obtained your qualification	<input type="checkbox"/>
Question 16	A separate sheet of registration history that does not fit in the space provided	<input type="checkbox"/>
Question 17	A signed statement of service from your most recent employer	<input type="checkbox"/>
Question 17	A signed and dated curriculum vitae that describes your full practice history and any training undertaken	<input type="checkbox"/>



Do not email this form.

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



Information and definitions

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.

CURRICULUM VITAE

Your curriculum vitae must:

- detail any gaps in your practice history of more than three months within the past five years
- explain any gaps in your practice history of more than three months within the past five years 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

STATEMENT OF SERVICE

The Statement of Service is required to:

- be on the employer's letterhead
- provide dates of employment
- describe the role in which you were employed, and whether it was full-time/part-time hours, and
- be signed by a manager (e.g. supervisor, unit manager or HR manager)