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Applying for registration is now available online.

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# Applying online is easier, faster and more secure

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

Applying online also means you can

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

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

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

# **Keeping in contact**

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





# **Application for non-practising registration**For previous or current registrants

Profession: Chinese medicine

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

This form is for Chinese medicine registrants who elect to cease all practice activities. For a definition of practice, see the *Information and definitions* section of this form. You can apply for non-practising registration as a Chinese medicine registrant using this form, if you:

- · previously held general registration, or
- held registration in the health profession under a corresponding prior Act that was equivalent to general registration in the health profession under this Law.

If you do not fall into either of these categories, you are not eligible for non-practising registration as a Chinese medicine registrant. If you currently hold general registration, please go to **www.ahpra.gov.au/login** to apply for non-practising registration using your online account. Additional registraton types can be found on the Board's website:

#### www.chinesemedicineboard.gov.au

It is important that you refer to the Chinese Medicine Board of Australia's (the Board) registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at www.chinesemedicineboard.gov.au



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

# **Privacy and confidentiality**

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

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

### Symbols in this form



#### **Additional information**

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



#### Attention

Highlights important information about the form.



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

Processing cannot occur until all required documents are received.



#### Signature required

Requests appropriate parties to sign the form where indicated.

#### **Completing this form**

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



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

# **SECTION A:** Registration division(s)

 In which division(s) of the profession are you applying for non-practising registration?

Mark all options applicable to your application

Acupuncturist

Chinese herbal medicine practitioner

X

Chinese herbal dispenser

# **SECTION B:** Personal details



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

2. What is your name and date of birth?

| Title*   | MR 🔀                         | MRS 🔀        | MISS 🔀       | MS 🔀 | DR 🔣 | OTHER | SPECIFY |  |  |
|--|------------------------------|--------------|--------------|------|------|-------|---------|--|--|
| Family   | name*                        |              |              |      |      |       |         |  |  |
| First gi   | First given name*            |              |              |      |      |       |         |  |  |
|  |                              |              |              |      |      |       |         |  |  |
| Middle   | name(s)*                     |              |              |      |      |       |         |  |  |
|  |                              |              |              |      |      |       |         |  |  |
| Previou  | ıs names kı                  | nown by (e.g | . maiden nan | ne)  |      |       |         |  |  |
|  |                              |              |              |      |      |       |         |  |  |
| Date of  | 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 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. |                              |              |              |      |      |       |         |  |  |

3. What are your birth and personal details?

| Country of birth   |           |             |         |      |       |  |  |
|--|-----------|-------------|---------|------|-------|--|--|
|  |           |             |         |      |       |  |  |
| City/Suburb/Town of birth                                |           |             |         |      |       |  |  |
|  |           |             |         |      |       |  |  |
| State/Territory of birth (if within A                    |           | NT          | <u></u> | AS 🔀 | ACT 🔀 |  |  |
| Sex* MALE FEMALE   | INTERSEX/ | INDETERMINA | TE 🔀    |      |       |  |  |
| Languages spoken fluently other than English (optional)* |           |             |         |      |       |  |  |
|  |           |             |         |      |       |  |  |
|  |           |             |         |      |       |  |  |

# **SECTION C:** Contact information



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.

4. 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  |        |  |  |  |  |  |
|  |        |  |  |  |  |  |

Effective from: 18 September 2025

#### 5. What is your residential address?



Your residential address will be recognised as your principal place of practice.

The information items marked with an asterisk (\*) will appear on the public register as your principal place of practice.

Residential address cannot be a PO Box.

| Site/building and/or position/department (if applicable) |                               |                          |               |   |  |  |  |  |
|--|-------------------------------|--------------------------|---------------|---|--|--|--|--|
|  |                               |                          |               |   |  |  |  |  |
|  |                               |                          |               |   |  |  |  |  |
|  |                               |                          |               |   |  |  |  |  |
| Address (e.g. 123 IAI                                    | MES AVENUE: or U              | NIT 1A, 30 JAMES STREE   | ET            |   |  |  |  |  |
| Audi 633 (e.g. 123 JAI                                   | VILO AVENUE, OF OF            | VIT IA, OU JAIVILO STREE |               |   |  |  |  |  |
|  |                               |                          |               | Щ |  |  |  |  |
|  |                               |                          |               |   |  |  |  |  |
|  |                               |                          |               |   |  |  |  |  |
|  |                               |                          |               |   |  |  |  |  |
| Oite/Cochood /Torrest                                    |                               |                          |               | Ш |  |  |  |  |
| City/Suburb/Town*  |                               |                          |               |   |  |  |  |  |
|  |                               |                          |               |   |  |  |  |  |
| State or territory (e.g                                  | j. VIC, ACT) <b>/Intern</b> a | ntional province*        | Postcode/ZIP* |   |  |  |  |  |
|  |                               |                          |               |   |  |  |  |  |
| Country (if other than                                   | n Australia)                  |                          |               |   |  |  |  |  |
|  |                               |                          |               |   |  |  |  |  |
|  |                               |                          |               |   |  |  |  |  |

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



Your mailing address is used for postal correspondence

My residential address



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 BOX 1234) |                                   |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |
| City/Suburb/Town  |                                   |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |
| State or territory (e.g. VIC, ACT)/International province Postcode/ZIP              |                                   |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |
| Country (if other than Austra   | Country (if other than Australia) |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |

- 7. Have you previously held general registration:
  - under the National Law,or
  - the equivalent registration under a corresponding prior act?

| YES Provide details below            | NO NO           | You are not e | igible to app | ly for non-pi | actising registra | tion |
|--------------------------------------|-----------------|---------------|---------------|---------------|-------------------|------|
| Select the board with which you held | l your most re  | cent registra | ation and pi  | rovide the re | equired details   |      |
| Chinese Medicine Board of Austr      | ralia           |               |               |               |                   |      |
| Registration number                  |                 |               |               |               |                   |      |
| C M R                                |                 |               |               |               |                   |      |
| Australian state/territory board     | orior to the Ch | inese Medic   | ine Board o   | f Australia   |                   |      |
| State/Territory of registration      |                 |               |               |               |                   |      |
| ACT NSW NT                           | QLD             | SA            | TAS           | VIC           | <b></b> WA        |      |
| Registration number                  |                 |               |               |               |                   |      |
|                                      |                 |               |               |               |                   |      |
| Start date                           |                 | Expiry da     | te            |               |                   |      |
| DD/MM/YY                             | YY              | D D           | / M M         | / Y Y         | YY                |      |

# **SECTION D:** Registration history

8. Have you previously applied for statutory registration or a registration examination as a health practitioner in any state, territory or under the National Regulation and Accreditation Scheme (the National Scheme) or other country within the past 10 years?



NO



You **must** attach a separate sheet explaining the current status of that process.

9. What is your health practitioner registration history?



If you have been registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing from every jurisdiction outside of Australia in which you are currently, or have previously been, registered as a health practitioner during the past 10 years.

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

| Most recent registration State/Territory/Country |    |            |
|--|----|------------|
| Profession                                       |    |            |
| Period of registration  DD / MM / YYYYY          | to | DD/MM/YYYY |
| Additional registration State/Territory/Country  |    |            |
| Profession                                       |    |            |
| Period of registration  DD / MM / Y Y Y Y        | to | DD/MM/YYYY |



If you have been registered outside of Australia, you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state office.

Refer to www.ahpra.gov.au/About-Ahpra/Contact-Us for your Ahpra state office address.



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

### SECTION E: Proof of identity



You must provide proof of your identity with this application. Please refer to the *Proof of identity requirements* available at www.ahpra.gov.au/identity.

10. Are you applying for registration from within Australia?



You **must** only use each document once.

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

- At least one document must be in your current name.
- Your category B document must have a recent photo.
- All documents must be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/tra http://documents.gov.au/tra
- If using your passport, a certified copy of the identity information page (the photo page) must be provided.
- For documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as 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.

| lease comple        | ٥t          |            | +k | ne new yent summary                   |  |  |  |  |  |
|---------------------|-------------|------------|----|---------------------------------------|--|--|--|--|--|
| ImmiCard COTTIPIT   |             | NA         | CI | Australian motor vehicle registration |  |  |  |  |  |
| of of iden          | +:          | F\         | F  | Australian Tay to Assessment Notice   |  |  |  |  |  |
| Australian passport |             | 7          |    | 3ECLIOI1                              |  |  |  |  |  |
| at the end o        | <b>C</b> NA | <b>.</b> L |    | Australian pension/healthcare card    |  |  |  |  |  |
| at the end o        | TIAL        | .n         | IS | TOT M cuments                         |  |  |  |  |  |
|                     |             |            |    |                                       |  |  |  |  |  |
|                     |             |            |    |                                       |  |  |  |  |  |
|                     |             |            |    |                                       |  |  |  |  |  |
|                     |             |            |    |                                       |  |  |  |  |  |
|                     |             |            |    |                                       |  |  |  |  |  |
|                     |             |            |    |                                       |  |  |  |  |  |
|                     |             |            |    |                                       |  |  |  |  |  |



ou **must** attach a certified copy of **all** proof of identity documents that you have ndicated above.





# Please complete the new

Proof of identity section

at the end of this form





# **SECTION F:** Registration period



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

13. If this application is approved, when would you like your non-practising 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

On the date below, or the date of the Board's approval, whichever is the latter



You won't be able to practice once your non-practising registration has been granted. Please consider if the date you've nominated gives you time to complete any activities you require registration to complete. You can update this date by contacting your Regulatory Officer at any time until we finalise your application. Once your application has been finalised, you will need to re-apply for registration if you want to practice in Australia.

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

# **SECTION G:** 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.chinesemedicineboard.gov.au/registration-standards for further information.

14. Do you have any criminal history in Australia?



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 X



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

15. 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/ international criminal history.





Go to the next question



You are required to:

- · obtain an international criminal history check from an approved vendor for each country and provide details below, and
- provide details of your criminal history in a signed and dated written statement.

| 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) rethe approved vendor.  | eference page provided by |
| You <b>must</b> attach a signed and dated written statement with detail each of the countries listed and an explanation of the circumstance. | •                         |

16. 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/ international criminal history. N0



Go to the next question



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

| 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.                                 |                        |  |  |  |  |
|  |                        |  |  |  |  |

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

| YES |               |
|-----|---------------|
|     | $\overline{}$ |

N0



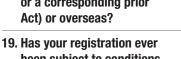
You **must** attach to this application details of any registration suspension or cancellation.

18. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior



NO





been subject to conditions, undertakings or limitations in **Australia (under the National** Law or a corresponding prior Act) or overseas?



NO





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

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

20. Are you disqualified from applying for registration, or being registered, in any profession in Australia (under the National Law, a corresponding prior Act or a law of a co-regulatory jurisdiction), or overseas?



Co-regulatory jurisdiction means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).









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

21. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?









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

22. Has your provider rebate status ever been refused or withdrawn from any private health fund or other third party insurer?









You **must** attach to this application details of any refusal or withdrawal of your provider rebate status.

23. Have you ever been the subject of a complaint or notification to any health complaints organisation, professional association or similar?









You **must** attach to this application details of any complaint or notification.

24. Have you ever been refused, suspended or cancelled from any health professional association in Australia or elsewhere?







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

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



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

# **Obligations of registered health practitioners**

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

#### **Continuing professional development**

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

#### **Professional indemnity insurance arrangements**

- A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
- 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

- A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. Relevant event means—
  - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more: or
  - the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
  - appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
  - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
  - 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
  - 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
  - a complaint is made about the practitioner to the following entities—
     (i) the chief executive officer under the Human Services (Medicare) Av
    - (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;
  - a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner:
  - c) a change in the practitioner's name.

#### **Employer's details**

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

# Consent to nationally coordinated criminal history check

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

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the National Board
- my personal information currently held by Ahpra and from this form will be provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the Australian Crime Commission Act 2002 (Cth)
- my identity information provided with this application will be enrolled with Ahpra and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about by criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that
  I provide when requested at any time during the next 12 months, as
  evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:
  - a) checking a statement made by me in this application for renewal,  $% \left( 1\right) =\left( 1\right) \left( 1\right)$
  - b) an audit carried out by the National Board,
  - c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or
  - d) considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

#### **Declaration**

#### I declare that:

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

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

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

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

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

# https://www.ahpra.gov.au/Publications/Advertising-hub.aspx | acknowledge that:

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

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

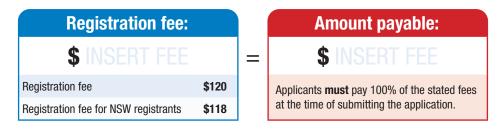
I **understand** that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

| Signature of applicant  |  |  |  |
|-------------------------|--|--|--|
| SIGN HERE               |  |  |  |
| Name of applicant       |  |  |  |
|                         |  |  |  |
| Date DDD / MM / Y Y Y Y |  |  |  |

# **SECTION I:** Payment

### Your required payment is detailed below.

Use the table below to select your 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.

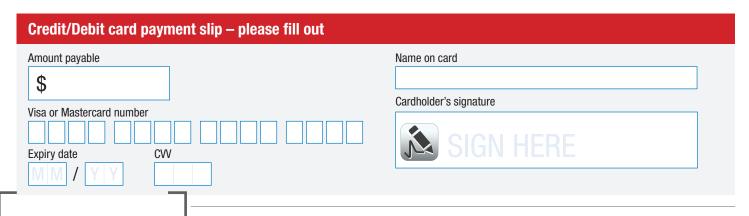




**Refund rules** 

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

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





# **SECTION J:** Checklist

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

|                      | <u> </u>   |          |  |
|----------------------|--|----------|--|
| Additional doc       | ditional documentation   |          |  |
| Question 2           | Evidence of a change of name   | $\times$ |  |
| Question 8           | A separate sheet with details of the current status of your application for registration or registration examination                               | X        |  |
| Question 9           | Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority                                      | X        |  |
| Question 9           | A separate sheet with additional registration history details  | X        |  |
| Question 10          | Certified copies of all documents that provide sufficient evidence of your identity  | X        |  |
| Question 12          | Certified copies of all documents that provide sufficient evidence of your identity  | X        |  |
| Question 14          | A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances      | X        |  |
| Question 15          | A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number                                    | $\times$ |  |
| Question 15          | 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<br>15 & 16 | ICHC reference page provided by the approved vendor  | $\times$ |  |
| Question 16          | A separate sheet of additional overseas countries lived in and corresponding ICHC reference number   | X        |  |
| Question 17          | A separate sheet with your current suspension or cancellation details  | X        |  |
| Question 18          | A separate sheet with your previous cancellation, refusal or suspension details  | X        |  |
| Question 19          | A separate sheet with your previous conditions, undertakings or limitations details  | ×        |  |
| Question 20          | A separate sheet with your disqualifications details   | X        |  |
| Question 21          | A separate sheet with your conduct, performance or health proceedings  | $\times$ |  |
| Question 22          | A separate sheet with details of any refusal or withdrawal of your provider rebate status  | $\times$ |  |
| Question 23          | A separate sheet with details of any complaint or notification made against you  | $\times$ |  |
| Question 24          | A separate sheet with details of your refusal, suspension or cancellation from any health professional association                                 | X        |  |
| Payment              |  |          |  |
|                      | Registration fee (if applicable)   | $\times$ |  |
|                      |  |          |  |

# 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

Effective from: 18 September 2025

### **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 if 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
- Deed poll
- Change of name certificate.

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

#### **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 your criminal history is relevant to the practice of your profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. But if you have not given us certified proof of identity documents since October 2019, you will need to do this first.

Any document containing a photograph must be annotated with the statement 'I certify that this a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'

You may be required to obtain international criminal history reports.

For more information, view the full registration standard online at 
www.chinesemedicineboard.gov.au/registration-standards

and the requirements for supplying proof of identity and certified documents at 
www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity 
and www.ahpra.gov.au/Registration/Registration-Process/CertifyingDocuments.



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.

#### **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.

#### TRANSLATING DOCUMENTS

For documents translated in Australia, the translator must be accredited by the National Accreditation Authority for Translators and Interpreters (NAATI), see **www.naati.com.au**. For documents translated overseas, see **www.fit-ift.org** for a list of authorities who provide certified translations.

Translations prepared by people familiar with the language of origin, including relatives, friends, acquaintances or other volunteer agencies will not be accepted. For more information, please refer to *Translating documents* at **www.ahpra.gov.au/translate** 

# Applications **Proof of identity**

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

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

#### **Identity verification**

You are required to verify your identity.

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

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

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

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

Please refer to the Proof of identity requirements available at <a href="https://www.ahpra.gov.au/identity">www.ahpra.gov.au/identity</a>

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