

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

Click here to apply online

Applying for registration is now available online.

Create an Ahpra portal account and complete your application.

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

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

Applying online also means you can

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

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

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

### **Keeping in contact**

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





## **Application for limited registration for teaching or research**

Profession: Chinese medicine

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

This form is for applicants who are not qualified for general registration in Australia, and are seeking limited registration in Chinese medicine to fill a teaching or research position. Applicants are expected to have an offer of employment from a host employer who can satisfy the Chinese Medicine Board of Australia (the Board) that the individual's qualifications are relevant to, and suitable for, the position.

This form may also be used by individuals intending to teach or conduct research independently. In this instance, they need to satisfy the Board that their qualifications are relevant to, and suitable for, the activity proposed. The Board will require details of the activity including dates, location(s) and scope of practice.

It is important that you refer to the Board's registration standards before completing this application. 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 requested has been provided. Any non-English documents submitted must be accompanied by an English language translation. 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.



### 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.



### PART A - To be completed by the applicant

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

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

Mark all options applicable to your application

☐ Acupuncturist ☐ Chinese herbal medicine practitioner ☐ 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* Family	MR name	×.	MRS	S <u>×</u>	]	MIS	S 🔀	MS	X		DR	X	(	HTC	ER		SF	PECIF	γ				
First gi	iven na	me*																					
Middle	name	(s)*																					
Previou	us nan	es kn	own	by (e	e.g. ı	maic	len naı	ne)															
Date of	f birth	D	D /	/ N	1 N	1	<b>Y</b>	Υ	ΥΙ	Y													
	an pro	other ovided	nam I to t	e, yo he B	ou <b>n</b> oar	<b>nus</b> t d. Fo	rmally t attac or moi s form	h pro e inf	of o	f you	ur na	ame	cha	nge	un	less	this	has	s be	en p	orevi	ous	

3. What are your birth and personal details?

City/Suburb/Town of birth  State/Territory of birth (if within Australia)  VIC NSW QLD SA WA NT TAS ACT
State/Territory of birth (if within Australia)
Sex* MALE FEMALE INTERSEX/INDETERMINATE
Languages spoken fluently other than English (optional)*

Effective from: 18 September 2025

### SECTION C: 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.

4. Are you applying for registration from within Australia?



You **must** only use each

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/translate for further information.
- If using your passport, a certifie 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.

You <b>must</b> production     document sup							
be selected as e	vidence for Category B)	+/	NA .	+h	Australian PAVG payment summary  OF NEW  Australian Motor Vehicle registration		
iease (	comple	L	NA	LI	Australian motor vehicle registration		
Au aalian citir	isto certificate		NA		Australian Taxetic® Assessment Notice		
Outrali Oast p	orldent	1	Ly		Australian Taylin Assessment Notice Section		
Australian driver	's licence	NA	$\mathbb{Z}$	$\square$	Australian pension/healthcare card		
at the	end of	١t	h	S	<b>TOTM</b> cuments		



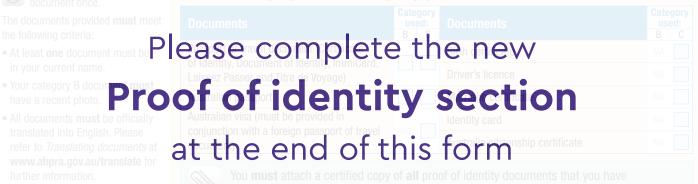
/ou **must** attach a certified copy of **all** proof of identity documents that you have ndicated above.













### **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.

7.	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	

### 8. What is your residential address?



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

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

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

Residential address cannot be a PO Box.

Site	/bu	ildir	ng a	nd/c	r po	sitic	n/de	par	tmeı	nt (i1	app	plica	ible)	)								
				+	+																	_
			_	_	<u> </u>																	
١d٥	ires	<b>s</b> (e.	g. 1	23 J	AME	S AV	ENU	E; or	UNI	Г1А	, 30	JAM	IES S	STRE	ET)		-					
				+	+																	_
`itı	/Cu	hur	h/To	wn*																		
, ity	/ <b>J</b> u	Dui	D/ 10	VVII																		
Sta	te o	r ter	rito	ry (e	.g. V	IC, A	CT) <b>/</b> I	nte	nati	onal	pro	vino	e*		Post	tcod	e/ZI	P*				
Cou	ıntr	y (if	oth	er th	an A	ust	ralia	)														

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



Principal place of practice for a registered health practitioner is:

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

Principal place of practice cannot be a PO Box.

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

S	NO Provide y	our Australian principal place of practice below
Site/building and/or positi	on/department (if applicable)	
dd: ( 100 IAMEC A	VENUE UNIT 1A OO JAMEC CO	DEET
.aaress (e.g. 123 JAMES A	VENUE; or UNIT 1A, 30 JAMES ST	KEEI)
ity/Suburb/Town*		
State/Territory* (e.g. VIC, A	CT)	Postcode*

### 10. What is your mailing address?



Your mailing address is used for postal correspondence

My residenti	tial ad	dre
--------------	---------	-----



My principal place of practice



Other (Provide your mailing address below)

"			.,																				
ite/b	uildir	ng ar	10/0	r pos	SITIC	n/a	epar	tme	nt (i	r ap	piica	ibie)											
																							Г
ddro	ss/P(	) Po	<b>y</b> (0.0	1 10	2 1	٨٨٨٥	C V/	ENILI	E. or	LIMI	Τ 1 Λ	20	IANA	EC C	TDE	ET.	or Di	) B()	V 10	24)			
Jule	33/F	טם כ	<b>(</b> (e.(	J. 12	.S J/	- TIVIE	S AV	LIVUI	L, UI	UIVI	IIA	, 50	JAIVI	LO O	INE	∟1, (	JI P	טם כ	Λ I Z	.34)			
																							Ī
tv/S	ubur	h/To	wn																				
ty/3	uvul	U/ 1U	7411																				
																							L
ate	or ter	ritor	<b>y</b> (e.	g. VI	C, A	CT)/	Inte	rnati	iona	l pro	vino	се		Pos	tcod	e/Z	P						
ount	ry (if	othe	r tha	an A	usti	ralia	)																

### **SECTION E:** Qualification for the profession



Any non-English documents submitted **must** be accompanied by an English language translation. For more information see *Translating documents* in the *Information and definitions* section of this form.



In accordance with section 69 of the National Law, to be eligible for limited registration for teaching or research you must satisfy the Board that you have qualifications in the profession relevant to and suitable for the position.

### 11. What are the details of your qualifications and examinations/assessments?



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

Most recent qualification and examinations/assessments
Title of qualification
Name of institution (University/College/Examining body)
Country
Start date Completion date
MM/YYYY
You <b>must</b> attach an original certified copy of <b>all</b> your academic qualifications mentioned in this form.



	1000 0010 1001 0101 1000 0100 1000 1100 1100
Additional qualification and examin	nations/assessments
Title of qualification	
Name of institution (University/College	e/Examining body)
Country	,
Start date	Completion date
MM/YYYY	MM/YYYY
Attach a separate sheet if	f all your qualification details do not fit in the space provided.

### **SECTION F:** Registration history

12. 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.

13. Do you have current statutory registration or have you previously held statutory registration as a health practitioner in any state, territory or under the National Scheme or other country within the past 10 years?



For a list of the professions regulated under the National Scheme, please refer to www.ahpra.gov.au

If you have been previously 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

Where you hold current or previous registration within or outside of Australia, including any health professions not yet part of the National Scheme, 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 page 17 of this form for your Ahpra state office address.

State/Territory/Country
Profession
Period of registration
DD / MM / YYYYY to DD / MM / YYYYY
Additional registration
State/Territory/Country
State/Territory/Country
State/Territory/Country



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

### **SECTION G:** Work history

14. What is your full practice history?



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



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

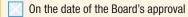
### **SECTION H:** Registration period

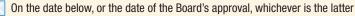


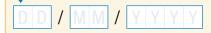
There is no set registration period for limited registration. We'll grant you registration for 12 months from the date of the Board's approval or the date you select, whichever is the latter. If it takes more than 12 months to complete the limited requirements, you'll need to renew your registration.

15. 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.









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:** 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.

16. 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.











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

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



see Criminal history in the 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.

For more information, Information and definitions

18. 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. NO

Go to the next question



You are required to:

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

Country	Check reference number							
	You <b>must</b> attach a separate sheet if the list of overseas 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.								
You <b>must</b> attach a signed and dated written statem each of the countries listed and an explanation of t								

Go to the next question

YES

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) returns the approved vendor.	eference page provided by

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



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

### The combined education pathway

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

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

### The advanced education pathway

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

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

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

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

### The school education pathway

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

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

### The test pathway

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

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

V	of-Study  The combined education pathway
1	Ahpra may verify the information you provide below. For more information, see <i>English language skills</i> in the <i>Information and definitions</i> section of this form. If a qualification that was relied on for registration is not an approved program of study, you <b>must</b> provide confirmation that the course was taught and assessed solely in English. A list of approved programs of study is available at <b>www.ahpra.gov.au/Accreditation/Approved-Programs</b> -
$\overline{}$	Abora may varify the information you provide below. For more information, see English language skills in the Information and definitions section of

Provide details of secondary and tertiary education in the table below, then go to question 23

The advanced education pathway

Provide details of vocational and tertiary education in the table below, then go to question 23

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 guestion 23

The test pathway

You do not need to complete the table below. Go to question 20

### 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
MMYYYYY	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				
Study commenced:	Primary				Full time
MMYYYYY	Secondary				Part time
Study completed:	Vocational				
MM Y Y Y Y	Tertiary				
Study commenced:	Primary				Full time
MMYYYYY	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				

	$\overline{}$			
1	1	//	1	
u				١

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

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

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

ALTR-86		
20. Were your results from the English language tests obtained in one or two sittings?	month period. For more information, One sitting Provide date of test be	English language test results from a maximum of two test sittings in a 12 refer to the Board's English language skills registration standard.  Iow, then go to the next question and complete details for one sitting then go to the next question and complete details for both sittings
	Sitting one DD/MM/YY	Y Y Sitting two D D / M M / Y Y Y Y
	ge tests have you successfully complete test(s) you are relying on and attach a co	
Cambridge (C1 Advanced or C2 Verification number – sitting one:	Proficiency)	Verification number – sitting two (if applicable):
The Board requires Cambridge will in the writing component.	th a minimum overall score of 185 in the lister	ning, reading, and speaking components, and a minimum score of 176
	Test System (IELTS) Academic module	Test report form number – sitting two (if applicable):
	A	A
The Board requires the IELTS (aca components, and a minimum scor	,	of 7 and a minimum score of 7 in the listening, reading, and speaking
Occupational English Test (OET)	· ·	
Candidate number – sitting one:		Candidate number – sitting two (if applicable):
The Board requires the OET with a component.	minimum score of B in the listening, reading,	and speaking components, and a minimum score of C+ in the writing
Pearson Test of English Academ Registration ID — sitting one:	ic (PTE Academic)	Registration ID – sitting two (if applicable):
communicative skills, and a minin	num of 56 in the writing communicative skill.	n minimum score of 66 in the listening, reading, and speaking
Test of English as a Foreign Lan Registration number – sitting one:	guage internet-based test (TOEFL iBT)	Registration number – sitting two (if applicable):
The Board requires the TOEFL iBT speaking.	with a minimum total score of 94 and the mir	nimum 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.	o years, you <b>must</b> provide a copy of your test results, including t two years, you <b>must</b> provide a certified copy of your results.
22. Were your results from the	YES N	0
above-mentioned English language tests obtained in the past two years?	<ul> <li>continuous employment as a registrelated role where English was the</li> <li>continuous enrolment in an approve</li> </ul>	d, within 12 months of completing your test(s) you <b>must</b> have commenced: ered health practitioner or in another relevant health, disability, or aged care primary language of practice in a recognised country, <b>and/or</b> ed program of study.
	You must attach a certified co your CV and a letter from e confirming continuous em health, disability, or aged continuous employment or an academic transcript evi	opy of your English language test results, <b>and</b> : employer(s) or a professional referee in the required form ployment as a registered health practitioner or in another relevant eare related role in a recognised country (if you are relying on ever two years in duration, only two years is required), <b>and/or</b> idencing that you were enrolled continuously in a Board-approved emenced within 12 months of sitting the English language test, and

that you completed your study no longer than 12 months before lodging your application.

**ΔITR-86** 

23. In the coming year, do you commit to meet the Board's **Professional indemnity** insurance registration standard?



When practising, you must have appropriate professional indemnity arrangements in place that meet the Board's registration standard.

For more information, see Professional indemnity insurance in the Information and definitions section of this form or the full registration standard online at www.chinesemedicineboard.gov.au/Registration-Standards.

YES X







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



To meet the Board's Recency of practice registration standard, you are required to have practised:

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

If you don't meet the standard, you will be required to provide information to help the Board make a decision about your application. For more information, see Recency of practice in the Information and definitions section of this form or the full registration standard online at www.chinesemedicineboard.gov.au/Registration-Standards.

I am a recent graduate and my qualification for registration was awarded in the last two years. Go to question 26

Go to question 26 YES

Go to the next question

25. Have you undergone and passed an approved formal competency assessment as determined by the Board within the past three years?





You **must** attach evidence of having passed an approved formal competency assessment as determined by the Board.

N0



You **must** attach evidence of your practice history that includes:

- details of any continuing professional development or education completed, or professional contact maintained during your break from practice, and
- a proposed plan for re-entry to professional practice than includes information about your intended field of practice.

26. 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.









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

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









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

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







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

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







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

**ΔITR-86** 

30. 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.

31. 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.

32. 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.

33. 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 made against you.

34. 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 J:** Details of the teaching or research position

35. When would you prefer your registration period to begin?

The date of the Board's approval



The date indicated below, being a date subsequent to the Board's determination



36. Do you require registration for more than four weeks?

YES



You **must** attach a continuing professional development (CPD) plan and supervision plan in accordance with the Supervised Practice Framework and the CPD guidelines. For more information, see the Codes and guidelines section available at www.chinesemedicineboard.gov.au

N0





You must attach a record that outlines:

- details about the supervisor(s)
- a description of how supervision will be provided to ensure safe practice, and
- written confirmation from the proposed supervisor that they agree to provide supervision and comply with supervision obligations as required by the Board.

However, a detailed supervision plan does not need to be submitted to the Board for approval.

37. Will you be demonstrating a procedure or participating in a workshop?

YES	X





You must attach an itinerary that provides details of the:

- clinical activities that you will be doing
- location(s) of clinical activities, and
- the organisation that will auspice any demonstration or workshop.

	Δ	
V	V	N
7	ė.	_1

### PART B - To be completed by the employer/sponsor

### SECTION K: Employer/sponsor details

### 38. What are the contact details of the employer/sponsor?



Details of the employer and of the position are required.

You must have a conditional offer of employment in a teaching or research post before submitting an application for limited registration for teaching or research.

Provide contact details Name of employer/spo							
MR MRS	MISS X	MS 🔀	DR 🔀	OTHER	S	PECIFY	
Family (legal) name of co	ontact						
First given name							
That given hame							
<b>Employing organisation</b> Name of employing organisation							
Name of employing orga	unsauon						
Site/building and/or posi	tion/departm	ent (if applic	able)				
Address (e.g. 123 JAMES	S AVENUE; or	UNIT 1A, 30	JAMES ST	REET)			
Ctata/Tamitamy (a.g. VIIC	ACT)		-	)ootoodo			
State/Territory (e.g. VIC,	AGT)		F	Postcode			
Business phone			N	/lobile			
Email							

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

Position details	
Title of the position/role	
Location of the position	
Commencement date	Completion date
MM/YYYY	MM / Y Y Y Y
You <b>must</b> attach a position	

- key selection criteria addressing all responsibilities
- qualifications and experience required (this should be obtained from the employer), and
- details of the teaching or research activities and any clinical practice that will be undertaken.

### **SECTION L:** List of sites

40. 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.

<b>Site 1</b> Site/buildin	g and/or	positi	ion/d	lepar	tme	nt (if	арр	licat	ole)									
						Ì			Í									
tue et e dan	222 (2.5	100	LANAE	-C AV	/ENII	IF. o	. I III I	IT 4 /	1 20	LAB	MEC	CTD	CCT)					
Street addr	ess (e.g.	123	JAIVIE	S AV	ENU	JE, U	UIN	11 17	٦, ٥٥	JAI	VIES	SIR						
		+																
Suburb/City	//Town																	
State/Territ	ory (e.g. \	VIC, A	CT)									Post	code					
			Í															
):L. 0																		
	g and/or	positi	ion/d	lepar	tme	nt (if	арр	licab	ole)									
	g and/or	positi	ion/d	lepar	tme	nt (if	арр	licat	ole)									
	g and/or	positi	ion/d	lepar	tme	nt (if	арр	licat	ole)									
Site/buildin										JAL (	WES	STR	EET)					
Site/buildin										JAL (	WES	STR	EET)					
Site/buildin										) JAN	MES	STR	EET)					
Site/buildin										) JAN	MES	STR	EET)					
Site/buildin										) JAN	MES	STR	EET)					
Site/buildin	ess (e.g.									) JAN	MES	STR	EET)					
Site/buildin	ess (e.g.									) JAN	MES	STR	EET)					
Site/buildin	ess (e.g.									) JAN	MES	STR	EET)					
Site 2 Site/buildin Street addr	ess (e.g.	123 .	JAME							) JAN			code					
Site/buildin Street addr	ess (e.g.	123 .	JAME							) JAN								



Attach a separate sheet of the names and addresses of additional sites that do not fit within the spaces provided.

### SECTION M: Employer/sponsor's declaration

I declare that the information provided in this part is true and correct.

I confirm that the:

- · applicant named below has been formally offered the position as described in this application, and
- qualifications and clinical experience of the applicant named below are appropriate for the teaching/research role described in the position description attached.

Name of applicant	Name of sponsor employer
Date	Signature of sponsor employer
DD/MM/YYYY	SIGN HERE





### PART C – To be completed by the applicant's nominated supervisor

### **SECTION N:** Nominated supervisor details



Applicants granted limited registration for supervised practice must practice only under supervision.

### 41. What are the supervisor's details?



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.

Provide supervisor details below
MR MRS MISS MS DR OTHER SPECIFY
Family (legal) name of supervisor
First given name
Registration number
C M R
Position
Work address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)
City/Cuburb/Tourn
City/Suburb/Town
State/Territory (e.g. VIC, ACT)  Postcode
Business phone Mobile
Email

MD.	
161	

You **must** attach to this application a curriculum vitae for the supervisor, detailing the practice undertaken since registration and the current position of the supervisor.

Effective from: 18 September 2025

### **SECTION 0:** Nominated supervisor's declaration

I undertake to be the applicant's primary supervisor and to provide a level of supervision as described in the Supervised Practice Framework and as otherwise determined from time to time by the Board.

### I further undertake to:

- ensure that the applicant is practising safely and is not placing the public at risk
- · notify the Board immediately if I have concerns about the applicant's clinical performance, health or failure to comply with conditions or undertakings
- ensure that the applicant practises in accordance with work arrangements approved by the Board
- inform the Board if I am no longer able to undertake the role of the applicant's supervisor, and
- · provide supervision reports to the Board in a form approved by the Board at intervals as determined by the Board.

### I declare that the:

- information provided in this document (including supervision and training details) is true and correct.
- Chinese medicine registrant (applicant) named below will be supervised at all times while undertaking practice in Chinese medicine in accordance with their limited registration and, if for a period of more than four weeks, the Supervised Practice Framework.

Name of applicant	Name of supervisor
Date DD / MM / YYYYY	Signature of supervisor  SIGN HERE



### PART D – To be completed by the applicant

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

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

- A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board
  - a) a change in the practitioner's principal place of practice;
  - a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
  - c) a change in the practitioner's name.

### **Employer's details**

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

### Consent to nationally coordinated criminal history check

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

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

### **Declaration**

### I declare that:

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

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

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

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

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

### https://www.ahpra.gov.au/Publications/Advertising-hub.aspx | 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 DD / MM / YYYY		

### **SECTION Q:** Payment

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





### **Registration period**

The annual registration period for the Chinese medicine profession is from 1 December to 30 November.

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

### **Refund rules**

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

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

Amount payable	Name on card
Visa or Mastercard number  Expiry date  CVV	Cardholder's signature  SIGN HERE



### **SECTION R:** Checklist

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

Additional dod	rumentation	Attached
Question 2	Evidence of a change of name	$\times$
Question 4	Certified copies of all documents that provide sufficient evidence of your identity	×
Question 6	Certified copies of all documents that provide sufficient evidence of your identity	×
Question 11	Original certified copy of all your academic qualifications	×
Question 11	A separate sheet with additional qualification details	×
Question 12	A separate sheet with details of the current status of your application for registration or registration examination	×
Question 13	Certificate of registration status or Certificate of Good Standing has been requested from relevant authority	×
Question 13	A separate sheet with additional registration details	×
Question 14	Your curriculum vitae	×
Question 16	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	$\times$
Question 17	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	×
Question 17	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	×
Questions 17 & 18	ICHC reference page provided by the approved vendor	X
Question 18	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	$\times$
Question 19	A separate sheet with any additional qualification details	$\times$
Question 19	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	$\times$
Question 21	Copy of your English language test results	$\times$
Question 22	Certified copy of your English language test results	$\times$
Question 22	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	×
Question 25	Evidence of having passed an approved formal competency assessment	$\times$
Question 25	Evidence of your practice history including details of any CPD or education completed, or professional contact maintained during your break, and a proposed plan for re-entry to professional practice	×
Question 26	A separate sheet with your impairment details	$\times$
Question 27	A separate sheet with your current suspension or cancellation details	$\times$
Question 28	A separate sheet with your previous cancellation, refusal or suspension details	$\times$
Question 29	A separate sheet with your conditions, undertakings or limitations details	$\times$
Question 30	A separate sheet with your disqualification details	$\times$
Question 31	A separate sheet with your conduct, performance or health proceedings	$\times$
Question 32	A separate sheet with details of any refusal or withdrawal of your provider rebate status	$\times$
Question 33	A separate sheet with details of any complaint or notification made against you	$\times$
Question 34	A separate sheet with details of your refusal, suspension or cancellation from any health professional association	$\times$
Question 36	A professional development plan and supervision plan	$\times$
Question 36	A record with details regarding your supervision	$\times$
Question 37	An itinerary with details of the procedure you will be demonstrating or workshop you are participating in	$\times$
Question 39	A position description	$\times$
Question 40	A separate sheet of the names and addresses of additional sites	$\times$
Question 41	Your supervisor's curriculum vitae	$\times$
Payment		
	Application fee	X
	Registration fee	$\times$



### 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

### **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
- 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.

### CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Registered practitioners must meet the requirements of the Board's CPD registration standard. For more information, view the full registration standard online at www.chinesemedicineboard.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 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/Certifying-

### **ENGLISH LANGUAGE SKILLS**

The Board requires you to have effective communication with patients to safely and competently practise the profession. Therefore, you must be able to demonstrate English language skills in accordance with Board's requirements. For applicants required to complete an English language test, the Board requires an IELTS Academic module overall score of at least 7 with no individual score below 6.5 in each of the four components; an OET of A and B only in each of the components; or the TOEFL including the spoken component test with a minimum score of at least 237 (test of written English 4.5). Pass results must be obtained in one sitting.

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

### **IMPAIRMENT**

**Documents** 

The National Law defines impairment as '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'.

An illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples you do not need to tell us about include:

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan. The National Law requires you to declare any such impairments at the time of application, 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 cannot practise as a Chinese Medicine practitioner in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard. You need to understand how you are covered.

Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

Chinese Medicine practitioners are exempt from requiring PII when:

the scope of practice of an individual practitioner does not include the provision of healthcare or opinion in respect of the physical or mental health of any person



- a practitioner has statutory exemption from liability. That is, they are employed as a practitioner or are in another arrangement and are exempted from liability under state or Commonwealth legislation, or
- practitioners are registered in Australia but are practising exclusively overseas.

Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII—you will need to confirm this with your employer.

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

### RECENCY OF PRACTICE

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

To meet the standard, you must have completed a minimum of:

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

If you are returning to practice after an absence of more than three years, the specific requirements for registration will depend on the scope of practice, your level of experience and the length of absence from that scope, including any continuing professional development undertaken.

If you propose to extend your scope of practice you must complete any advanced training/preparation that your peers would reasonably expect to ensure you are competent. If you are making a substantial change to a different scope you must submit a plan for professional development to the Board for approval before commencing the extended scope of practice.

For more information, view the full registration standard online at www.chinesemedicineboard.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.

### 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.

1.	Do you have an Australian residential address?				
	Yes – You will be asked to complete your identity verification through Ahpra's third party vendor, InstaID+. For further information, please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity				
	No - Go to the next question				
2.	Do you hold a current Australian or overseas passport?				
	Yes – Select one option				
	I have an Australian passport – <i>Go to question 3</i>				
	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.	For Ahpra to verify your identity, can you provide two (2) of the following documents:  • a current Australian visa • foreign birth certificate • 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 <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity  No -  You cannot proceed with this application. We must be able to verify your identity, we cannot verify your identity.				

### **Identity verification**

You are required to verify your identity.

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

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

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

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

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

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