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Applying for registration is now available online.

Create an Ahpra portal account and complete your application.

Applying online is easier, faster and more secure

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

Applying online also means you can

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

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

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

Keeping in contact

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





Application for limited registration for postgraduate training or supervised practice

Profession: **Optometry**

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

This form is for eligible overseas trained optometrists and eligible optometrists who are not qualified for general registration in the profession, but who wish to apply for limited registration under section 66 of the National Law for the purposes of:

- postgraduate training to practise whilst undertaking an approved program of study in ocular therapeutics
- supervised practice to practise under supervision before completing an approved examination such as the:
 - clinical part of the Optometry Council of Australia and New Zealand (OCANZ) Competency in Optometry Examination (COE), and/or
 - OCANZ Assessment of Competence in Ocular Therapeutics (ACOT) examination.

Applicants should also note that where registration is granted under this category of limited registration, it will only be granted for a specific purpose and for a limited time. A notation to this effect will be placed on your registration.

Both initial registration and renewal under this standard are linked to undertaking supervised practice to prepare for an examination or completing postgraduate training. The limited registration will end 30 days after the cessation of the purpose for which limited registration was granted.

In accordance with section 72 of the National Law, the Board can grant limited registration for up to 12 months and may renew the registration no more than three times.

In accordance with section 83 of the National Law, the Board may grant limited registration for postgraduate training or supervised practice subject to any conditions it considers necessary or desirable in the circumstances.

This application comprises:

- Part A: to be completed by the applicant
- Part B: to be completed by the supervisor (if applicable)
- Part C: to be completed by the employer (if applicable), and
- Part D: to be completed by the applicant.

It is important that you refer to the Board's registration standard and guidelines before completing this application. Registration standards, codes and guidelines can be found at **www.optometryboard.gov.au**

REQUIREMENT TO HOLD QUALIFICATION IN OCULAR THERAPEUTICS

From 1 December 2014, all initial applicants are required to hold a Boardapproved qualification in ocular therapeutics to be eligible for general registration.

This can be achieved via an approved program of study in ocular therapeutics and/or an examination/assessment in ocular therapeutics approved by the Board (e.g. the Optometry Council of Australia and New Zealand (OCANZ) Assessment of Competence in Ocular Therapeutics (ACOT) examination).

To be eligible to take the ACOT examination or to enrol in an approved program of study in ocular therapeutics, you must pass the OCANZ COE (both the written and clinical components).

If you do not wish to practise whilst completing the COE (written or clinical), you do not need to be registered with the Board. For more information on the COE or ACOT see **www.OCANZ.org**



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.



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.



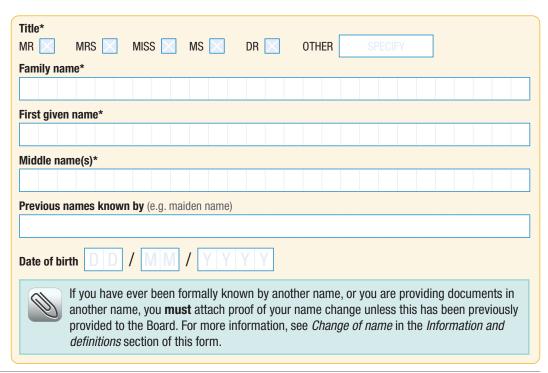
PART A – To be completed by the applicant

SECTION A: Personal details



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

1. What is your name and date of birth?



2. What are your birth details?

Country of birth															
City/Suburb/Tov	n of bi	rth													
State/Territory o	f birth ((if within A	ustralia)												
VIC NSW	\times	QLD 🔀	SA 🔀		WA 🔀	NT	\times		TAS	X	AC	Т	<		
Sex* MALE	FFM	MALE X	INT	ΓFRS	SEX / INDE	ΓFRMIN	ATF	X							
MALE FEMALE INTERSEX/INDETERMINATE Languages spoken other than English (optional)*															

SECTION B: 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.

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	

4. 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.

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ldress (e	e.g. 123	3 JAME	S AVE	NUE	; or l	JNIT	1A,	30 .	JAM	ES S	TRE	ET)							
	Ì											,							
ty/Subu	rb/Tow	n*																	
ate or te	erritory	(e.a. V	IC AC	:T)/Ir	ntern	atio	nal	nro	vinc	:e*		Post	tcod	e/71	P*				
410 01 10	,,,,,	(0.9. 1	10,710	, , , ,			71101	p.o]				0,	_				
untry (i	f other	than A	ustra	alia)															

5. 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.

YES 🔀	NO Provide yo	our Australian principal place of practice below
Site/building and/or position/d	epartment (if applicable)	
Address (e.g. 123 JAMES AVENU	E; or UNIT 1A, 30 JAMES ST	REET)
City/Suburb/Town*		
State/Territory* (e.g. VIC, ACT)		Postcode*

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What is your mailing address	6.	What	is	your	mailing	address?	•
--	----	------	----	------	---------	----------	---



Your mailing address is used for postal correspondence

My residential address



My principal place of practice

	1
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	ı

Other (Provide your mailing address below)

ite/building	and/or p	osition/	lepartme	nt (if ap	plicable)					
Idress/P0	Box (e.g.	123 JAM	ES AVENUI	E; or UNI	T 1A, 30 J	AMES STR	EET; or F	O BOX	1234)	
ty/Suburb/	Town									
ate or terri	tory (e.g.	VIC ACT	/Internati	ional nro	ovince	Postco	do/7ID			
ate of term	tory (c.g.	VIO, AO1)	/ III CI II ati	onai pro	VIIICC	1 03100	uc/ ZII			
ountry (if o	ther than	Australi	a)							

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.

7. Are you applying for registration from within



You **must** only use each

The documents provided **must** mee 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 certifier 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.

NO **Go to the next quest**

choose proof of identity documents to submit – *then go to Section D: Qualification for the profession*

- You must provide one document from each category A, B and C, and one document from category D if the
 document supplied for category B or C does not contain evidence of a current Australian residential address
- A document may only be used once for any category.

ease comple	to th	Australian PAYS payment summary	
case comple	ice ci	Australian motor vehicle registration	
of of ident		Australian Taxotic: Assessment Notice	
Ollra Ollport Gent	.ILY	Section	
Australian driver's licence	NA 🔯 🔯	Australian pension/healthcare card	
at the end of	this	†Ormouments	











SECTION D: Qualification for the profession



In accordance with section 66 of the National Law, you must satisfy the National Board that you have qualifications in the profession relevant to and suitable for the position.

10. What are the details of your undergraduate optometry qualification?

Primary qualification and examinations/assessments
Title of qualification
Name of institution (University/College/Examining body)
Country
Start date Completion date
MM/YYYY MM/YYYY
You must attach an original certified copy of your primary optometry degree certificate that indicates completion of a course of study leading to a qualification as an optometrist.
Additional qualification and examinations/assessments
Title of qualification
Name of institution (University/College/Examining body)
Country
Start date Completion date
MM/YYYY MM/YYYY
Attach a separate sheet if your qualification details do not fit in the space provided.
history

SECTION E: Registration history

11. 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 five 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/YYYY	to	DD/MM/YYYY	

Effective from: 18 September 2025

Additional registration State/Territory/Country										
Profession										
Period of registration			, ,		, 5	/ \/	17	17		
	to	DD	/ N	I IVI	/	Y	Y	Y		



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 your registration history does not fit in the spaces provided

SECTION F: Work history

12. 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 G: 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.

13. If this application is approved, when would you like your limited registration to begin?

You can opt to have your registration start on the date of the Board's approval or a date nominated by you, up to 90 days into the future, as long as the date is later than the Board's approval. For more information, see *Registration approval dates* in the *Information and definitions* section of the form.

On the date of the Board's approval







You can't start practising until registration has been granted. Please consider if the date you have nominated gives you time to complete any pre-employment or pre-training program requirements. You can update this date by contacting your Regulatory Officer at any time until we finalise your application.

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

Effective from: 18 September 2025

SECTION H: 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.optometryboard.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





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/ internationalcriminalhistory

NΩ	X
IVO	



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
	t attach a separate sheet if the list of overseas countries and corresponding check number does not fit in the space provided.
	t attach the international criminal history check (ICHC) reference page provided by oved vendor.
	t attach a signed and dated written statement with details of your criminal history in ne countries listed and an explanation of the circumstances.

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.

ın	\/	
NO.	\wedge	

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 must attach a separate sheet if the list of overseas countrie reference number does not fit in the space provided.	s and corresponding check
You must attach the international criminal history check (ICHC) the approved vendor.	reference 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
- your qualification(s) for your profession, which were taught and assessed solely in English in a recognised country.

The advanced education pathway

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

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

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

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

The school education pathway

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

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

The test pathway

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

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

The combined education pathway

Provide details of secondary and tertiary education in the table below, then go to question 21

The advanced education pathway

Provide details of vocational and tertiary education in the table below, then go to question 21

The school education pathway

This is a declaration that English is your primary language. Provide details of primary, secondary and tertiary education in the table below, then go to question 21

The test pathway

You do not need to complete the table below. Go to question 18

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				

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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.

ALPS-50	
18 Were your results from	In certain circumstances, you can use English language test results from a maximum of two test sittings in a 12

18. Were your results from the English language tests obtained in one or two sittings?

month period. For more information, refer to the Boar	rd's English language skills registration standard.									
One sitting Provide date of test below, then go to the next question and complete details for one sitting										
Two sittings Provide dates below, then go to the new	ext question and complete details for both sittings									
Sitting one DD/MM/YYYY	Sitting two DD/MM/YYYY									

19. Which of these English language tests have you successfully completed?

Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results.

Cambridge (C1 Advanced or C2 Proficiency) Verification number – sitting one: Verification number – sitting two (if applicable)) :
The Board requires Cambridge with a minimum overall score of 185 in the listening, reading, and speaking components, and a r	ninimum score of 176
in the writing component.	
International English Language Test System (IELTS) Academic module	
Test report form number – sitting one: Test report form number – sitting two (if applic	cable):
A	A
The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in the listening, r components, and a minimum score of 6.5 in the writing component.	eading, and speaking
Occupational English Test (OET)	
Candidate number – sitting one: Candidate number – sitting two (if applicable):	
]
The Board requires the OET with a minimum score of B in the listening, reading, and speaking components, and a minimum sco	re of C+ in the writing
component.	
Pearson Test of English Academic (PTE Academic)	
Registration ID – sitting one: Registration ID – sitting two (if applicable):	
The Board requires the PTE Academic with a minimum overall score of 66 and a minimum score of 66 in the listening, reading, communicative skills, and a minimum of 56 in the writing communicative skill.	and speaking
Test of English as a Foreign Language internet-based test (TOEFL iBT) Positivation number seitting and	a).
Registration number – sitting one: Registration number – sitting two (if applicable	;).
The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading,	24 for writing and 23 for
speaking.	
——————————————————————————————————————	
If your English language test(s) were completed within the past two years, you must provide a copy of your te the reference number(s), so that Ahpra can verify your results.	est results, including

20. Were your results from the above-mentioned English language tests obtained in the past two years?

YES X

N0



In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced:

- continuous employment as a registered health practitioner or in another relevant health, disability, or aged care related role where English was the primary language of practice in a recognised country, and/or
- continuous enrolment in an approved program of study.

You must lodge this application within 12 months of completing the employment and/or program of study.



You **must** attach a certified copy of your English language test results, **and**:

- your CV and a letter from employer(s) or a professional referee in the required form
 confirming continuous employment as a registered health practitioner or in another relevant
 health, disability, or aged care related role in a recognised country (if you are relying on
 continuous employment over two years in duration, only two years is required), and/or
- an academic transcript evidencing that you were enrolled continuously in a Board-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

21. Do you commit to having appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period?



The Board requires all applicants for limited registration to have appropriate professional indemnity arrangements in place when practising. Applicants unable to meet this requirement are incligible for registration. For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.



22. Have you practised the profession in the past three years?



Recent graduates who apply for registration within the first year of graduation do not need to meet the recency of practice requirements. For more information, see Recency of practice in the Information and definitions section of this form.

I am a recent graduate applying for registration within the first year.

I have practised the profession in the past three years.

NO



You must attach details that address the requirements of the Board's Recency of practice registration standard.

23. 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.

24. If you have previously worked in Australia, 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.

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



If you have previously held general registration as an optometrist in Australia you are not eligible to apply for limited registration. If your registration was as another health practitioner and/or limited registration as an optometrist details need to be provided.





NO





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

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



If you have previously held general registration as an optometrist in Australia you are **not eligible** to apply for limited registration. If your registration was as another health practitioner and/or limited registration as an optometrist details need to be provided.











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

27. 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).

If you have previously held general registration as an optometrist in Australia you are **not eligible** to apply for limited registration. If your registration was as another health practitioner and/or limited registration as an optometrist details need to be provided.

YES



N0





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

28. 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?



If you have previously held general registration as an optometrist in Australia you are **not eligible** to apply for limited registration. If your registration was as another health practitioner and/or limited registration as an optometrist details need to be provided.





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

SECTION I: Details of postgraduate training or examination

29. Have you successfully completed the written and clinical component of the **Competency in Optometry Examination (COE)?**



If you have successfully completed the COE, your application will be processed when the Board receives advice direct from the Optometry Council of Australia and New Zealand (OCANZ).



Go to the next question



Go to question 32

30. Do you wish to practise the profession whilst studying in an approved programs of study in ocular therapeutics?





Go to question 34

Information required below - then go to the next question

Name of the approved program of study



You **must** provide a postgraduate training plan and evidence of enrolment or an offer of acceptance from the education provider. A postgraduate training plan template is found in the fact sheet on the Board's website at www.optometryboard.gov.au/Registration-Standards/Limited-registration-for-postgraduate-training-or-supervised-practice.

A list of approved programs of study in ocular therapeutics is found on Ahpra's website at www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study.aspx?ref=Optometrist

31. What are the details of the education provider of the approved programs of study in ocular therapeutics?

Education provider details required below – then go to Section K: Obligations, consent and declaration Family (legal) name of contact													
First given name													
Position													
Business phone	Mobile												
Email													

32. Have you successfully completed the written component of the COE?



YES **Go to the next question**

N0





Do not proceed with this application. Evidence of successful completion of the written component of the COE is required for this application. Please contact OCANZ at www.ocanz.org for further information.

Effective from: 18 September 2025

33. Do you wish to practise the profession under supervision in Australia prior to sitting the clinical component of the COE?



You must provide evidence of successful completion of the written component of the COE from OCANZ.



Go to question 35







You are not required to hold any form of registration to undertake the written or clinical components of the COE.

You do not need to proceed with this application if you are not intending to undertake supervised practice prior to sitting the clinical COE.

34. Do you wish to practise the profession whilst studying for the Assessment of Competence in Ocular Therapeutics (ACOT) examination?



NO



If you do not wish to practise the profession in Australia, you do not need to hold limited registration with the Board.



You **must** provide evidence of enrolment or an offer of acceptance from and payment to OCANZ for the ACOT examination.

SECTION J: Details of the supervised practice position

35. What is the title of the position in which you will be undertaking supervised practice?



Applicants granted limited registration for postgraduate training or supervised practice must only practise under supervision in accordance with an approved supervised practice plan.

Practitioners with limited registration for postgraduate practice or supervised practice **must** maintain their employment in the approved position. If there is any change to the position in which you are working you will be required to submit a new application for **limited** registration with the Board.

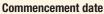
Title of the position



For further information including the documents needed to be attached with this application, refer to the Supervised Practice Framework available at

www.optometryboard.gov.au/Policies-Codes-Guidelines

36. What is the commencement date of the supervised practice position?





37. What is the anticipated completion date of the supervised practice position?



The initial period of limited registration for supervised practice will be 30 days from the date of the clinical component of the COE or ACOT examination. For further information, refer to *Fact sheet - limited registration for postgraduate training or supervised practice* published under the Registration standard section of the Board's website.

Commencement date



SECTION K: 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 guidelines.

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. Belevant 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.
 - 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.
- 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 / YYYYY



PART B - To be completed by the supervisor

SECTION L: Supervisor details

38. What are the details of the supervisor?



Applicants granted limited registration for postgraduate training or supervised practice must only practise under supervision in accordance with an approved supervised practice plan.

Refer to the Supervised
Practice Framework available
at www.optometryboard.gov.
au/Policies-Codes-Guidelines
for further information
including the documents
need to be attached with
this application.

The nominated supervisor must meet the requirements outlined in the Supervised Practice Framework.

Provide su	upervisor de	tails belo	w														
MR 🔀	MRS 🔀	MISS		is 🔀		DR 📗		ОТН	IER		SF	ECIF	Υ				
Family (leg	gal) name of p	rimary su	pervis	or			_		L								
First given	First given name																
Registratio	n number						·										
Address/Po	O Box (e.g. 12	23 JAMES	AVENU	JE; or L	JNIT .	1A, 30	JAM	ES ST	TREE	T; or	P0	вох	123	4)			
																	一
City/Subur	h/Town																
Oity/Odbui	D/ TOWIT																
State/Terri	tory (e.g. VIC,	ACT)					Pos	stcode	0								
State/Terri	tory (e.g. vic,	AUI)					100	stcour	5								
Business p	phone						Mo	bile									
Dusiliess L	линь						IVIO	סווט						7			
Emoil											L			J L			
Email																	



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

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.

SECTION M: Supervisor's consent



In accordance with the Supervised Practice Framework, supervisors are required to complete a supervised practice plan available at **www.optometryboard.gov.au/Policies-Codes-Guidelines**

I have completed the supervised practice plan as required.

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



PART C – To be completed by the employer

SECTION N: Employer details

39. What are the details of the employer?



You **must** provide an employer contact person (e.g. the name of the human resource manager/practice manager) and email address for receipt of notifications.

Provide employer deta	ails below	
Name of employer orga		
MR MRS	MISS MS	DR OTHER SPECIFY
Family (legal) name of c	contact	
First given name		
Address/PO Box (e.g. 12	23 JAMES AVENUE; or UNI	T 1A, 30 JAMES STREET; or PO BOX 1234)
City/Suburb/Town		
State/Territory (e.g. VIC,	ACT)	Postcode
Business phone		Mobile
Email		

40. What is the title of the supervised practice position for which limited registration for supervised practice is being sought?



This title should be the same as that listed question 35.

Title of the position	n
-----------------------	---



You must attach details a position description including:

- key selection criteria addressing clinical responsibilities of the role, and
- qualifications and experience required.

SECTION 0: List of sites

41. What are the names and addresses of all sites (maximum of two) of supervised practice for which limited registration is being sought?

Site/Building (if applicable)												
Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)												
City/Suburb/Town												
State/Territory (e.g. VIC, ACT)	Postcode											

Site	/Bui	ildin	g (if	app	lica	ble)																
Add	Iress	(e.g	. 12	3 JA	MES	S AV	ENUE	; or	UNIT	Γ1A	30	JAM	ES S	STRE	ET)							
F																						
H																						
City	/Cl	ourb	/Tov	vn.																		
Gity	/ Sui	Jui D	/ 10V	VII																		
	· /=				110	A O.T.	`								D !		_					
Stat	State/Territory (e.g. VIC, ACT)												Post	cod	е							
L																						

SECTION P: Employer's consent

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

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



PART D – To be completed by the applicant

SECTION Q: Payment

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

Use the information below to determine your application fee and registration fee. Your registration fee depends on the number of months you will be registered.

Registration period

The period of registration for limited registration commences on the date the Board makes a decision and ends 30 days following the date of the clinical competency in optometry examination (COE). A pro-rata rate applies to periods of registration less than 12 months.

To determine the required registration fee:

- 1. Calculate the number of months, rounded to the nearest whole month, between the date of application and the date of the COE.
- 2. Add one month to this number. This represents the date 30 days following the date of the COE.
- 3. Use this total as the number of whole months in the *Pro-rata table for registration fees* below to determine the anticipated registration fee. If you wish you to be registered for twelve months, use the full registration fee below.



Pro-rata table for registration fees:

Number of months to be registered	1	2	3	4	5	6	7	8	9	10	11
National fee	\$31	\$63	\$94	\$125	\$157	\$188	\$219	\$251	\$282	\$313	\$345
NSW fee	\$26	\$52	\$78	\$104	\$130	\$156	\$182	\$208	\$234	\$260	\$286



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.

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



SECTION R: Checklist

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

Additional dod	cumentation	Attached
Question 1	Evidence of a change of name	\times
Question 7	Certified copies of all documents that provide sufficient evidence of your identity	X
Question 9	Certified copies of all documents that provide sufficient evidence of your identity	X
Question 10	Original certified copy of your primary optometry degree certificate	\times
Question 10	A separate sheet with additional qualification details	X
Question 11	Certificates of Registration Status or Certificates of Good Standing have been requested from relevant authority	\times
Question 11	A separate sheet with additional registration history details	X
Question 12	Your curriculum vitae	X
Question 14	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	\times
Question 15	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	X
Question 15	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	X
Questions 15 & 16	ICHC reference page provided by the approved vendor	X
Question 16	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	\times
Question 17	A separate sheet with any additional qualification details	X
Question 17	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	X
Question 19	Copy of your English language test results	X
Question 20	Certified copy of your English language test results	\times
Question 20	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	X
Question 22	Details that address the requirements of the Board's recency of practice registration standard	\times
Question 23	A separate sheet with your impairment details	\times
Question 24	A separate sheet with your current suspension or cancellation details	X
Question 25	A separate sheet with your previous cancellation, refusal or suspension details	X
Question 26	A separate sheet with your conditions, undertakings or limitations details	X
Question 27	A separate sheet with your disqualification details	\times
Question 28	A separate sheet with your conduct, performance or health proceedings	\times
Question 30	A postgraduate training plan and evidence of enrolment or offer of acceptance from the education provider	\times
Question 34	Evidence of enrolment or an offer of acceptance from OCANZ for the ACOT examination	X
Question 35	Documents required under the Supervised Practice Framework	X
Question 38	A curriculum vitae for the supervisor	X
Question 40	A position description	X
Payment		
	Application fee	X
	Registration fee	X

1 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 any of the documentation you are providing in support of your application is in another name(s).

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

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

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

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.optometryboard.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-Documents

CURRICULUM VITAE

Your curriculum vitae must:

- detail any gaps in your practice history of more than three months from the date you obtained your qualification
- indicate whether positions were undertaken full-time or part-time, and specify the nature of any practice (e.g. provision of clinical care, management, administration, regulatory or policy development role)
- detail your continuing professional development over the last three years and refer to the Board's registration standard and guidelines for continuing professional development on the level of detail required
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)', and be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

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

ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence of English language skills that meet the Board's *English language skills registration standard* which can be found at

www.optometryboard.gov.au/Registration-Standards

IMPAIRMENT

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 renewal, including details of the impairment and how it is managed.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND (OCANZ)

OCANZ is the assigned accreditation authority for the optometry profession. It accredits programs of study leading to registration and/or endorsement with the Optometry Board of Australia (the Board) and assesses overseas trained optometrists who are seeking registration with the Board and do not hold approved qualifications. More information can be found at www.ocanz.org

POSTGRADUATE TRAINING PLAN

A postgraduate training plan lists the purpose, anticipated duration, location, content and structure of training and the anticipated date of completion.

A template example can be found in the fact sheet at www.optometryboard.gov.au/Registration-Standards/Limited-registration-for-postgraduate-training-or-supervised-practice

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 an optometrist 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.

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

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.optometryboard.gov.au/Registration-Standards/Professional-indemnity-insurance

RECENCY OF PRACTICE

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

The specific requirements for recency mean you must practice the profession a minimum of 450 hours every three years. You must also notify the Board and meet specific requirements if you change to a different field or scope or practice.

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

SUPERVISION

Patients have the right to expect delivery of safe, competent and contemporary optometric services at all times, including when care is being provided under supervisory arrangements.

Appropriate supervision provides assurance to the Board and the community that the registrant's practice is safe and is not putting the public at risk.

Applicants granted limited registration for post graduate training or supervised practise must only practice under supervision in accordance with an approved supervised practice plan.

Refer to the Board's Supervised Practice Framework available at **www.optometryboard.gov.au/Policies-Codes-Guidelines** for further information including the documents need to be attached with this application.

Applications **Proof of identity**

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

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