

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 specialist registration

For applicants who do not hold general registration

Profession: Medical

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

This form is for graduates of Australian and New Zealand medical schools and international medical graduates (IMGs) who are qualified and eligible for specialist registration who do **not** hold general registration and who are applying to practise within a medical specialty.

Specialists who want to apply for specialist registration in more than one specialty must complete a separate ASPC-30 form and pay an application fee for each specialty being added.

It is important that you refer to the Medical Board of Australia's (the Board) registration standards, codes and guidelines before completing this application. Registration standards, codes and guidelines can be found at www.medicalboard.gov.au



This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting

documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

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

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

Symbols in this form



Additional information

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



Attentior

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.



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?

Title* MR MRS MISS MS DR OTHER SPECIFY									
Family name*									
First given name*									
Middle name(s)*									
Previous names known by (e.g. maiden name)									
Date of birth DD / MM / YYYYY									
If you have ever been formally known by another name, or you are providing documents in another name, you must attach proof of your name change unless this has been previously provided to the Board. For more information, see <i>Change of name</i> in the <i>Information and definitions</i> section of this form.									

AGSP-30		
2. What are your birth and personal details?	Country of birth	
	City/Suburb/Town of birth	
	State/Territory of birth (if within Australia)	
	VIC NSW QLD SA WA NT TAS ACT	
	Sex*	
	MALE FEMALE INTERSEX/INDETERMINATE Languages spoken other than English (optional)*	
3. Do you currently hold registration with the Board?	YES Of to the next question	
•	Provide your medical registration number – then go to Section C: Contact information	
	Registration number* M E D	
	WI L D	
	 Choose proof of identity documents to submit – then go to Section C: Contact information You must provide one document from each category A, B and C, and one document from category 	
have a recent photo.	Australian visa (Foreign passport must	
 All documents must be officially translated into English. Please 	Please complete the new	
	ImmiCard NA Australian motor vehicle registration	
further information.	oof of identity section	
	Tablada Paceport	
	at the end of this form cuments	





At least one document must be Please complete the new in your current name.

Proof of identity section

at the end of this form





SECTION C: 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 b	elow – place an 🗶	next to your prefer	red contact phone	number.
Business hours		Mobile		
	\boxtimes			\times
After hours				
	\square			
Email				

8. What is your residential address?



If you are not currently practising, or 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.

/buildin	g and/	or pos	ition/	depar	tmer	nt (if	app	lica	ble)									
lress (e.	a. 123 J	AMES	AVEN	UE: or	UNIT	Γ1A.	30,	JAM	ES S	TRE	ET)							
						,					,							
/Suburb)/Town	k .																
te or ter	ritory (6	e.g. VIC	C, ACT)	/Inte	rnati	onal	pro	vinc	e*		Post	cod	e/ZI	P*				
			,															
intry (if	othor #	an A	ıctrali	2)														
ntry (if	ouier u	iaii Al	ısıran	a)														

9. Is the address of your principal place of practice the same as your residential



Principal place of practice for a registered health practitioner is:

- the address at which you 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.

ES 🔣					NO	\times	Pro	<i>ide</i>	you	r Aus	strai	lian _l	prin	cipa	l pla	ice (of pr	actio	e be	low
Site/building a	and/or	posit	tion/de	parti	ment (if ap	plica	ıble))											
Address (e.g. 1	123 JA	MES A	AVENUI	; or l	JNIT 1	4, 30	JAN	IES S	STRE	ET)										
										ĺ										
Oite/Cubush/T																				
City/Suburb/T	own^																			
Otata /Tamitan		VIO 1	VOT)							D		-+								
State/Territory	y (e.g.	. VIU, <i>F</i>	AUT)							P08	tcod	e^								

10. What is your mailing address?

Your mailing address is used for postal correspondence

My residential a	addre
------------------	-------

My principal place of practice

	Other	(Provide	your	mailing	address	below
--	-------	----------	------	---------	---------	-------

Site	/bui	ldin	g an	d/or	r po	sitio	n/de	parl	mei	nt (i1	app	olica	ıble))										
Add	ress	s/P0	Вох	(e.g	g. 12	23 J <i>A</i>	MES	S AVE	NUE	; or	UNI	Г 1А	, 30	JAM	ES S	TRE	ET; (or PO) B0	X 12	234)			
																								=
0	<i>(</i> 0 1		/ T :																					
City	/Sut	ourb	/Tov	vn																				
																								Ш
Stat	e or	teri	itor	y (e.	g. VI	C, A	CT) /I	nter	nati	onal	pro	vino	е		Pos	tcoc	le/Z	P						
Cou	ntry	(if c	othe	r tha	n A	ustr	alia)																	

SECTION D: Qualification for the profession



In accordance with section 57 of the National Law, to be eligible for specialist registration you must be qualified for specialist registration in the health profession. Section 58 of the National Law states that to be qualified you must hold either:

- (a) an approved qualification for the specialty
- (b) another qualification that the National Board established for the health profession considers to be substantially equivalent, or based on similar competencies, to an approved qualification for the specialty
- (c) a qualification, not referred to in (a) or (b), relevant to the health profession AND have successfully completed an examination or other assessment required by the National Board for the purpose of general registration in the specialty, or
- (d) a qualification, not referred to in (a) or (b), that under the National Law, or a corresponding prior Act, qualified you for specialist registration (however described) in the specialty and you were previously registered on the basis of holding that qualification for the specialty.

11. What are the details of your relevant qualifications?

Duimour dogues in modicine	
Primary degree in medicine	
Title of qualification	
Name of institution (University/College/Ex	amining body)
Country	
Start date	Completion date
MM / Y Y Y Y	MM/YYYY
	copy of your original academic transcript and testimony completion of the qualification mentioned in this form.



The Board maintains a list of approved specialties, fields of specialty practice and related specialist titles. The List of specialties, fields of specialty practice and related specialist titles can be found on the Board's website:

www.medicalboard.gov.au Specialties not listed on the approved list will not meet the eligibility requirements

for specialist registration.

Specialist qualification

Specialty (e.g. Surgery, General Practice, Physician, Anaesthesia, Radiology etc).

Field of specialty practice (if applicable)

(e.g. Plastic surgery, Paediatric endocrinology, General medicine, Diagnostic ultrasound)

Title of qualification (e.g. Fellowship of the Royal Australian College of General Practitioners)

Name of specialist college or awarding body

Country of qualification

Date qualification awarded (Fellowship or eligibility for Fellowship, or completion date)



Approved qualification

- Colleges can provide the details of approved fellowships awarded directly to Ahpra.
- · Contact your college to confirm whether they are participating in this process.
- If your college is a participating college, you do not need to attach evidence of your fellowship.
- If your college is not a participating college, you must attach certified evidence of either:
 - Board-approved Australian/Australasian College Fellowship in a Board-approved specialty/field of specialty practice, or
 - Eligibility for a Board-approved Australian/Australasian College Fellowship in a Board-approved specialty/field of specialty practice

For further information see the Board's registration standard for specialist registration www.medicalboard.gov.au/Registration-Standards

Specialist pathway for specialist international medical graduates

If you are applying for specialist registration through the specialist pathway, you do not need to attach evidence of your qualification. Ahpra will receive your final comparability assessment, Report 2, directly from the college.

Expedited specialist pathway for specialist international medical graduates

You must attach evidence of your overseas specialist medical qualification. Your qualification must be on the Board's Expedited specialist pathway: accepted qualifications list published at www.medicalboard.gov.au.



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

12. Are you a specialist international medical graduate?



A specialist international medical graduate is an individual who has completed specialist training and obtained a postgraduate specialist qualification from an authority outside of Australia.



Go to the next question



NO Go to Section G: Orientation and cultural safety

SECTION E: Primary source verification of qualifications



For your application to be considered, you must have applied to have your qualifications verified through the Educational Commission for Foreign Medical Graduates (ECFMG) and the Australian Medical Council (AMC). For more information about the process go to the AMC website www.amc.org.au.

13. Have you applied to the AMC to have your qualifications verified?

YES



Provide your AMC candidate number below

AMC candidate number

N0





You must apply to the AMC to have your qualifications verified.

SECTION F: Pathway for specialist international medical graduates

14. Under which pathway do you qualify for specialist registration?

Specialist pathway - Go to Section G: Orientation and cultural safety

Select this option if you have had your specialist qualifications assessed by the relevant college as partially or substantially comparable and are applying for specialist registration after completing the college requirements under a period of limited or provisional registration.

Expedited specialist pathway - Go to the next question

The Board has published an Expedited specialist pathway: accepted qualifications list of international medical specialist qualifications that it considers to be substantially equivalent or based on similar competencies to an approved qualification for the specialty. To apply via the expedited specialist pathway, your specialist qualification must be on this list.

15. Is your specialist qualification on the Expedited specialist pathway: accepted qualifications list?

YES My qualification is on the Expedited specialist pathway: accepted qualifications list. Go to the next question

N0 My qualification is not on the Expedited specialist pathway: accepted qualifications list.



If your qualification is not on the Board's Expedited specialist pathway: accepted qualifications list, you are not eligible for the expedited specialist pathway. International medical graduates can refer to the Self-assessment check to determine which pathway they are eligible for. For more information see www.medicalboard.gov.au.

16. Do you consent for Ahpra to share your contact details with the relevant AMCaccredited Australasian specialist medical college?



Evidence of fellowship is not a requirement for the expedited specialist pathway. If you wish to seek fellowship from an AMC-accredited specialist medical colleges separately to specialist registration, you can provide consent for Ahpra to share your contact details (name and email address) to the college to facilitate contact.

YES



Provide the name of the relevant AMC-accredited Australasian specialist medical college for which you would like to seek fellowship.

A list of AMC-accredited Australasian medical colleges is published at www.medicalboard.gov.au

17. Have you previously satisfactorily completed an approved period of supervised practice as a medical practitioner in a specialist position within Australia?



The Board's Registration standard: Specialist registration requires satisfactory completion of Board approved supervised practice. If you have not satisfactorily met the requirement to complete supervised practice, the Board may impose conditions on your registration to meet this requirement.







Go to the next question

Attachment required below - then go to Section G: Orientation and cultural safety



You **must** attach details of the supervised practice you've completed within Australia if you have not previously provided this to the Board.

18. Do you have proposed supervised practice arrangements?



If you have secured employment, you may provide details of your proposed supervised practice arrangements by completing and attaching a supervised practice plan, in accordance with the Board's Supervised practice

Refer to Supervised practice plan template at www.medicalboard.gov.au/Registration/Supervised-practiceframework.

YES



You must attach your completed Supervised practice plan - SPPA-00.



We can assess and decide your application without proposed supervision arrangements.

SECTION G: Orientation and cultural safety

YES



The Board's *Registration standard: Specialist registration* requires all practitioners to satisfactorily complete a Board approved orientation to the Australian healthcare system and cultural safety education. The Board's policy statements outline the minimum requirements that must be met and an evidence guide is available at **www.medicalboard.gov.au**. If you have not met these eligibility requirements and are not exempt, the Board may grant specialist registration and impose conditions so you can meet these requirements.

19. Have you previously undertaken and satisfactorily completed a Board approved orientation to the Australian healthcare system?

You must attach evidence of completion if you have not previously provided this to the Board.

NO I have not completed this requirement.

N/A I am exempt from meeting this requirement.

Provide reasons for your exemption

You must attach a separate sheet with additional details that do not fit in the space provided.

20. Have you previously undertaken and satisfactorily completed Board approved cultural safety education?

other than Australia changed?

ES N

You **must** attach evidence of completion if you have not previously provided this to the Board.

NO I have not completed this requirement.

N/A am exempt from meeting this requirement.

You must attach a separate sheet with additional details that do not fit in the space provided.

SECTION H: Registration history 21. Do you currently hold YES Go to the next question Go to question 24 registration with the Medical **Board of Australia?** 22. Since you were granted Go to question 24 Go to the next question registration in Australia, have you practiced as a health practitioner outside of Australia? 23. Since you were granted Go to the next question Go to Section J: Registration period registration in Australia, has your registration status or good standing in a country

24. What is your health practitioner registration history?



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

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

Most recent registration State/Territory/Country
Profession
Period of registration
DD/MM/YYYY to DD/MM/YYYYY
Additional registration
State/Territory/Country
Profession
Period of registration
DD / MM / YYYYY to DD / MM / YYYYY
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 space provided.

SECTION I: Work history

25. 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 J: Registration period



The annual registration period for the medical profession is from 1 October to 30 September each year.

If your registration is granted in August or September this year, you will be registered until 30 September next year.

If your registration is granted before August, you will be registered until 30 September this year and you must renew your registration by 30 September.

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

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

On the date of the Board's approval

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

DD/MM/YYYY



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 K: CPD homes



Registered medical practitioners engaged in any form of practice are required to participate regularly in Continuing Professional Development (CPD) that is relevant to their scope of practice.

You can find the CPD requirements for the medical profession on the Medical Board's website

www.medicalboard.gov.au/Professional-Performance-Framework/CPD.aspx

All doctors need a CPD home for their CPD (unless exempt). Read more about CPD homes and find the list of accredited homes here www.medicalboard.gov.au/Professional-Performance-Framework/CPD/About-CPD-homes.aspx

27.	Please	select you	r proposed
	CPD ho	me(s) from	the list.



You are able to select multiple CPD homes if you have more than one.

You must have a CPD home before you commence your CPD for the current year.

Mark all options applicable	
ACD - Australasian College of Dermatologists	RANZCO - Royal Australian and New Zealand
ACEM - Australasian College for Emergency	College of Ophthalmologists
Medicine	RANZCOG - Royal Australian and New Zealand
ACRRM - Australian College of Rural and Remote	College of Obstetricians and Gynaecologists
Medicine	RANZCP - Royal Australian and New Zealand College of Psychiatrists
ACSEP - Australasian College of Sport and Exercise Physicians	
	RANZCR - Royal Australian and New Zealand College of Radiologists
ANZCA - Australian and New Zealand College of Anaesthetists	RCPA - Royal College of Pathologists of Australasia
CICM - College of Intensive Care Medicine	AMA CPD Home
of Australia and New Zealand	CPD Australia
RACDS - Royal Australasian College of Dental Surgeons	HETI
RACGP - Royal Australian College of General	Osler
Practitioners	Skin Cancer College Australasia
RACMA - Royal Australasian College of Medical Administrators	I am a PGY2 doctor in accredited training or
	working in a supervised position in a hospital or general practice, so I don't need a CPD home
RACP - Royal Australasian College of Physicians	for the PGY2 year
RACS - Royal Australasian College of Surgeons	I have not chosen a CPD home yet, but will do so before I start my CPD

SECTION L: 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.medicalboard.gov.au/Registration-Standards** for further information.

28. Do you currently hold registration with the Medical Board of Australia?

YES Go to the next question

NO Go to question 31

29. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?



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 any change to your criminal history in Australia and an explanation of the circumstances.

30. Since your last declaration to Ahpra, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to Ahpra?



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



Go to question 34



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 the change in your criminal history in a signed and dated written statement.

Provide details below, then go to question 34

Country	Check reference number



You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.



You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.



You **must** attach a signed and dated written statement with details of any change to your criminal history in each of the countries listed and an explanation of the circumstances.

31. 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.

32. 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 Go to the next question



You are required to:

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



You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.



You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.



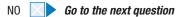
You **must** attach a signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances.

33. 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/

internationalcriminalhistory



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 must attach a separate sheet if the list of overseas reference number does not fit in the space provided.	countries and corresponding check
You must attach the international criminal history check the approved vendor.	k (ICHC) reference page provided by

34. Are you currently, or have you previously been registered to practise as a medical practitioner in Australia and have used English as your primary language within the past five years?



All applicants for **initial registration**, which includes all applicants who have not used English as their **primary language** for a period of greater than five years (as at date of application), mus*t demonstrate they meet the English language skills registration standard*.

/ES

I declare I have used English as my primary language within the past five years.

Go to question 39

NO



Go to the next question

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.

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

A	Ahpra may verify the of this form.	information yo	ou provide below.	For more	information,	see English	n language	skills in the	Information and	definitions section
W	of this form.									

The combined education pathway

Provide details of secondary and tertiary education in the table below, then go to question 39

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 39*

The advanced education pathway

Provide details of vocational and tertiary education in the table below, then go to question 39

The test pathway

You do not need to complete the table below. Go to question 36

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

	_			
		//		
		1	"	V
-			~	۸

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

	N.
Ť	-
Л	
	i

The qualification that is relied on for registration must have been taught and assessed solely in English. If the Board cannot verify this through the current online World Directory of Medical Schools, you may be asked to provide an academic transcript of your medical qualification which confirms that it was taught and assessed solely in English.

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

AGSP-30		

AGSP	-30		
36. Were your results from the English language tests		month period. For more info	ou can use English language test results from a maximum of two test sittings in a 12 formation, refer to the Board's <i>English language skills registration standard</i> .
	obtained in one or two sittings?	One sitting Provide date	of test below, then go to the next question and complete details for one sitting
•	sittings:	Two sittings Provide dates	s below, then go to the next question and complete details for both sittings
		Sitting one DD/MM/	Sitting two DD/MM/YYYYY
		age tests have you successfully the test(s) you are relying on and a	· ·
X	Cambridge (C1 Advanced or C2	2 Proficiency)	
	Verification number – sitting one	:	Verification number – sitting two (if applicable):
	The Board requires Cambridge w in the writing component.	rith a minimum overall score of 185 in	n the listening, reading, and speaking components, and a minimum score of 176
V	• •	e Test System (IELTS) Academic mo	ndule
	Test report form number – sitting		Test report form number – sitting two (if applicable):
			A
			erall score of 7 and a minimum score of 7 in the listening, reading, and speaking
	•	ore of 6.5 in the writing component.	
X	Occupational English Test (OET Candidate number – sitting one:)	Candidate number – sitting two (if applicable):
	The Board requires the OET with component.	a minimum score of B in the listening	g, reading, and speaking components, and a minimum score of C+ in the writing
X	Pearson Test of English Acade	mic (PTE Academic)	Desire Desired Desired Construction
	Registration ID – sitting one:		Registration ID – sitting two (if applicable):
		lemic with a minimum overall score o imum of 56 in the writing communica	of 66 and a minimum score of 66 in the listening, reading, and speaking ative skill.
X		nguage internet-based test (TOEFL	·
	Registration number – sitting one	3:	Registration number – sitting two (if applicable):



speaking.

If your English language test(s) were completed within the past two years, you must provide a copy of your test results, including the reference number(s), so that Ahpra can verify your results.

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

If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.

NZREX PLAB test



You **must** provide a certified copy of your English language test results.

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

YES

NO



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



For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

YES X



NO



40. Do you meet the recency of practice registration standard?



To meet the standard, medical practitioners must have practised within their scope of practice for a minimum total of:

- four weeks full-time equivalent in one registration period, which is a total of 152 hours, or
- 12 weeks full-time equivalent over three consecutive registration periods, which is a total of 456 hours. For more information, see *Recency of practice* in the *Information and definitions* section of this form.

YES



NO



Go to the next question

Mark all options applicable to your application - then go to question 43

- I have practiced a minimum of four weeks full-time equivalent (152 hours) in the last year.
- I have practiced a minimum of 12 weeks full-time equivalent (456 hours) over the last three years.
- 41. Have you previously practised medicine for more than two vears?



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



Go to the next guestion





Mark all options applicable to your application - then go to question 43

- I have practiced within the last 12 months.
- I have not practiced within the last 12 months.



You are required to commence work under supervision in a training position approved by the Board. You **must** attach details of the supervised training position you propose to take up.

42. How long have you been absent from practise?

Choose appropriate option

Less than one year



Between one and three years



You **must** attach evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice.



More than three years



You **must** attach a plan for professional development and re-entry to practice for consideration by the Board. Refer to information relating to re-entry to practice at **www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ**

Board to consider your application.

43. Have you changed the scope of your practice in the previous 12 months?



NO



44. Will you be changing your scope of practice since you were last practising?



NO

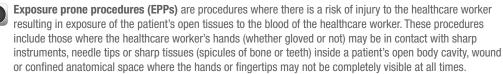




You **must** attach details, including any relevant training and assessments undertaken, for the Board to consider your application.

You must attach details, including any relevant training and assessments undertaken, for the

45. Will you be performing exposure-prone procedures in your practice?



The CDNA has developed guidance on exposure-prone procedures in Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017 available online at

https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-onmanaging-bloodborne-viruses?language=en

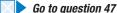
You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in Appendix 2 of the national guidelines.





Go to the next question





46. Do you commit to comply with the Australian National Guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses?



This includes testing for HIV, Hepatitis C and Hepatitis B at least once every three years. Testing for Hepatitis B is not necessary if you have demonstrated immunity to HBV through vaccination or resolved infection.







47. 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.











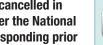
You **must** attach to this application details of any impairments and how they are managed.

48. 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.

49. 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.

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



NO





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

51. 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).



NO 🔀



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

52. 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?



NO





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



PART B – To be completed and signed by the applicant and agent

SECTION M: Third party to act on behalf of applicant

N0



Under the *Privacy Act 1988* (Cth), the Board is generally not permitted to disclose personal information about an applicant to a third party. An applicant may authorise a third party (agent) to communicate with the Board and/or act on behalf of the applicant, by completing the following details.

53. Do you wish to appoint an agent to communicate/act on your behalf in relation to this application?



An agent can be an employer, sponsor, recruitment agent or any other individual authorised by the applicant to act on their behalf in relation to this application.

Applicant authorisation	
I authorise my agent to (mark one or more as require communicate with the Board on my behalf regarding (The agent and the Board may communicate by tele undertake any other action reasonably necessary fo (except signing and lodging applications forms, whic receive all formal correspondence from the Board in	g the processing and progress of my application. phone, fax, email or written correspondence) r the processing of my application on my behalf ch must be completed by the applicant), and
Date DD / MM / YYYYY	Signature of applicant SIGN HERE

Complete applicant authorisation and arrange for agent to complete agent authorisation

Agent authorisation

AGENT TO COMPLETE: I consent to act as agent of the registrant named below.
Full name of agent
- "
Full name of applicant
Agent contact details
Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)
City/Suburb/Town
State or territory (e.g. VIC, ACT)/International province Postcode/ZIP
Country
Business hours Mobile
Dustriess riours
Email
Date Signature of agent
SIGN HERE
Je Sign Here



PART C – To be completed by the applicant

SECTION N: Obligations and consent



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

Obligations of registered health practitioners

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

Continuing professional development

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

Professional indemnity insurance arrangements

- A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
- 3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
- A registered health practitioner must not, without reasonable excuse, fail
 to comply with a written notice given to the practitioner under point 3
 above.

Notice of certain events

- A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. Relevant event means—
 - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
 - b) 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
 - 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

- 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—the name of the practitioner's employer; and
 - (i) 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 authorise Ahpra and the Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application.

I acknowledge that:

- 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 Board,
- my personal information will be extracted from this form and 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 to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, Ahpra may
 check my criminal history at any time during my period of registration
 as required by the Board for the purpose of assessing my suitability to
 hold health practitioner registration; or in response to a Notice of Certain
 Events; or an application for Removal of Reprimand from the National
 Register.
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

Consent for personal information to be shared with AMC-accredited Australasian specialist medical colleges

I consent to the National Board and Ahpra making enquiries of, and exchanging information with, AMC-accredited Australasian specialist medical colleges about matters relevant to this application.

I understand that personal information that I provide may be given to a specialist medical college for the purpose of assessing the application and granting registration, confirming my eligibility for Fellowship or the details of my comparability assessment.

Consent

If I provide the Board details of an English language test I have completed, I authorise the Board to use the information I provide to verify those results with the test provider. I understand the test provider may be overseas.

Lonsent to:

- the Board and Ahpra making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.
- (if relevant) any registration currently held by me that is not compatible
 with the registration type I am applying for, to be surrendered when the
 registration type I am applying for is granted.

I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application 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 and registration (if granted) will be sent electronically to me via my nominated email address, and
- 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 all relevant legislation and 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. I understand Ahpra may:

- disclose the date my registration is to commence and future registration details: and
- verify the accuracy of my registration details including my date of birth and address to entities (such as prospective employers) who disclose that information to Ahpra for the purpose of confirming my identity.

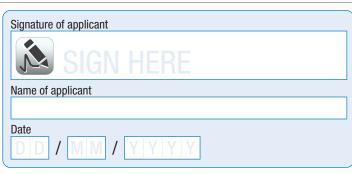
Ahpra will only do this where the entity seeking the information or verification has given a legal undertaking they have obtained my consent to these disclosures and this verification.

I confirm that I have:

- met the English language skills pathway requirements indicated on this form, and
- · read the privacy and confidentiality statement for this form.

I declare that:

- the above statements, and the documents provided in support of this
 application, are true and correct, and
- I am the person named in this application and in the documents provided.
 I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.



SECTION 0: Payment

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

Use the table below to select your application fee and registration fee. Your registration fee depends on your principal place of practice, as applicants whose principal place of practice is New South Wales are entitled to a rebate from the NSW Government.

Application fee: \$1594







Registration period

The annual registration period for the medical profession is from 1 October to 30 September.

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

Refund rules

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

54. 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



SECTION P: 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 4	Certified copies of all documents that provide sufficient evidence of your identity	\times
Question 6	Certified copies of all documents that provide sufficient evidence of your identity	\times
Question 11	Certified copies of any relevant academic qualifications not provided directly to Ahpra by the issuing institution	\times
Question 11	A separate sheet with qualification details	\times
Question 17	A separate sheet with details of any supervised practice previously completed within Australia	\times
Question 18	A completed supervised practice plan (SPPA-00).	\times
Question 19	Evidence of successful completion of a Board approved orientation to the Australian healthcare system	\times
Question 20	Evidence of successful completion of Board approved cultural safety education	\times
Question 24	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	\times
Question 24	A separate sheet with registration details	\times
Question 25	Your curriculum vitae	×
Questions 29 & 31	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	×
Questions 30 & 32	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	\times
Questions 30 & 32	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	\times
Questions 30, 32 & 33	ICHC reference page provided by the approved vendor	\times
Question 33	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	\times
Question 35	A separate sheet with any additional qualification details	\times
Question 35	Transcript(s)/letter(s) from the education provider confirming that your course was taught and assessed solely in English	\times
Question 37	Copy of your English language test results	\times
Question 37	Certified copy of your English language test results	\times
Question 38	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	\times
Question 38	CV and a letter from employer(s) or a professional referee and/or an academic transcript	\times
Question 41	Details of the supervised training position you propose to take up	\times
Question 42	Evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice	\times
Question 42	A plan for professional development and for re-entry to practice	\times
Questions 43 & 44	Details of the training and assessments	\times
Question 47	A separate sheet with your impairment details	\times
Question 48	A separate sheet with your current suspension or cancellation details	\times
Question 49	A separate sheet with your cancellation, refusal or suspension details	\times
Question 50	A separate sheet with your conditions, undertakings or limitations details	\times
Question 51	A separate sheet with your disqualification details	\times
Question 52	A separate sheet with your conduct, performance or health proceedings	\times
Payment		
	Application fee	X
	Registration fee	X





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

AUSTRALIAN NATIONAL GUIDELINES FOR THE MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH **BLOOD BORNE VIRUSES AND HEALTHCARE WORKERS** WHO PERFORM EXPOSURE PRONE PROCEDURES AT RISK OF EXPOSURE TO BLOOD BORNE VIRUSES

The Communicable Diseases Network Australia (CDNA) has published these guidelines. The following is a summary of the requirements in the CDNA guidelines:

Healthcare workers who perform exposure prone procedures (EPPs) must take reasonable steps to know their blood-borne virus (BBV) status and should be tested for BBVs at least once every three years. They are also expected to:

- have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition
- have appropriate testing and follow up care after potential nonoccupational exposure, with testing frequency related to risk factors for virus acquisition
- cease performing all EPPs if diagnosed with a BBV until the criteria in the quidelines are met, and
- confirm that they comply with these guidelines when applying for renewal of registration if requested by their board.

Practitioners who are living with a blood-borne virus and who perform exposureprone procedures have additional requirements. They are expected to:

- be under the ongoing care of a treating doctor with relevant expertise
- comply with prescribed treatment
- have ongoing viral load monitoring at the appointed times
- not perform EPPs if particular viral load or viral clearance criteria are not met (see detailed information in the guidelines according to the specific BBV)
- seek advice regarding any change in health condition that may affect their fitness to practise or impair their health
- release monitoring information to the treating doctor
- if required, release de-identified information to the relevant area of the jurisdictional health department/Expert Advisory Committee, and
- if required, release health monitoring information to a designated person in their workplace in the event of a potential exposure incident to assess the requirement for further public health action.

Additional information can be found in the CDNA Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses available online at https://www.health. gov.au/resources/collections/cdna-national-guidelines-for-healthcareworkers-on-managing-bloodborne-viruses?language=en

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 quidelines 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.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

You must participate regularly in continuing professional development (CPD) relevant to your scope of practice.

You must complete at least 50 hours of CPD each calendar year that must include a range of activities to meet your individual learning needs, including reviewing performance and measuring outcomes activities (at least 25 hours), such as practice meetings, clinical audit, peer-review or performance appraisal, as well as participation in education activities to enhance knowledge such as reading, courses, conferences and online learning (at least 12.5 hours). You must join an AMC-accredited CPD home (medical college or non-college home). You can access the information from the Medical Board website www.medicalboard.gov.au/Professional-Performance-Framework/CPD.aspx

These requirements apply to all registered medical practitioners with practising registration except:

- interns in accredited intern training programs and doctors in postgraduate year 2 positions who are participating in a structured program that leads to a certificate of completion
- medical practitioners who have limited registration in the public interest or limited registration for teaching or research (to demonstrate a procedure or participate in a workshop) and who have been granted registration for no more than four weeks.

Medical practitioners may be granted an exemption or variation from these requirements by their CPD home in relation to continuous absence from practice of at least six months and up to and including 12 months for parental or carer leave, serious illness or other approved circumstances. The Board does not grant exemptions directly to practitioners.

For more information, view the full registration standard online at www.medicalboard.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 a health practitioner's criminal history is relevant to the practice of the profession.

You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. You may be required to obtain international criminal history reports.

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

CURRICULUM VITAE

Your curriculum vitae must:

- explain any period since obtaining your professional qualifications where you have not practised and reasons why (e.g. undertaking study, travel, family commitment)
- · be in chronological order
- be signed and dated with a statement, 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

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

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.medicalboard.gov.au/Registration-Standards

IMPAIRMENT

Impairment means 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. 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.

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 must have PII, or some alternative form of indemnity cover that complies with the Board's standard, for all aspects of your medical practice. 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. Medical practitioners are exempt from requiring PII, where the scope of medical practice of an individual medical practitioner does not include the provision of health care or medical opinion in respect of the physical or mental health of any person or where a medical practitioner has statutory exemption from liability or where a medical practitioner is practising exclusively overseas.

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

RECENCY OF PRACTICE

To ensure that you can 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.

To meet the standard, you must have practised within your scope of practice for a minimum total of:

- four weeks full-time equivalent in one year, which is a total of 152 hours, or
- 12 weeks full-time equivalent over three consecutive years, which is a total of 456 hours.

If you have been absent from practice, the specific requirements depend on the field of practice, your level of experience and the length of absence from the field.

If you propose to change your field of practice, the Board will consider whether your peers would view the change as a normal extension or variation in a field of practice, or a change that would require specific training and demonstration of competence.

Practitioners who are unable to meet the Board's registration standard for recency of practice may be required to complete professional development activities, submit a plan for re-entry to practice or other training or assessments.

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

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 – Go to question 3		
	I have an overseas passport – Go to question 4		
	No - You cannot proceed with this application. We must be able to verify your identity, we cannot verify your identity without a current passport.		
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 II 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 a current foreign driver's licence foreign birth certificate foreign identity card credit or debit card 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 -		
	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.