

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 general registration

For current non-practising registrants

Profession: **Chiropractic**

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

This form is used by non-practising registrants to apply for general registration as a chiropractor.

It is important that you refer to the registration standards, codes and guidelines of the Chiropractic Board of Australia (the Board) before completing this application. These documents can be found at www.chiropracticboard.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; 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.

SECTION A: Application criteria

1. Were you granted non-practising registration under the Trans-Tasman Mutual Recognition Act?

YES ☒

NO ☒ Go to the next question



You are **not eligible to use this application form**. To apply for general registration, please complete form AGEN-10, which can be found at www.chiropracticboard.gov.au

SECTION B: Personal details



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

2. What is your name and date of birth?

Title* MR ☒ MRS ☒ MISS ☒ MS ☒ DR ☒ OTHER

Family name*

First given name*

Middle name(s)*

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

Date of birth / /



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



3. What is your registration number?

Registration number*

C H I

4. 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 fluently other than English (optional)*

SECTION C: Contact information



You can change your contact information at any time.

Please go to www.ahpra.gov.au/login to change your contact details using your online account.

5. 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

6. What is your residential address?



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

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

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

Residential address **cannot** be a PO Box.

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

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

City/Suburb/Town*

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

Postcode/ZIP*

Country (if other than Australia)



SECTION D: Registration history

9. What is your health practitioner registration history?



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

 / / to / /

Additional registration

State/Territory/Country

Profession

Period of registration

 / / to / /


If you have been registered outside of Australia, you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state office. Refer to www.ahpra.gov.au/About-Ahpra/Contact-Us for your Ahpra state office address.



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

SECTION E: Work history

10. 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 F: Registration period



The annual registration period for the chiropractic profession is from 1 December – 30 November each year.

If your registration is granted in October and November this year, you will be registered until 30 November next year.

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

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

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

☒ On the date of the Board's approval

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

 / /


You 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 G: Suitability statements



Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to www.chiropracticboard.gov.au/Registration-Standards for further information.

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



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

YES ☐

Go to the next question

NO ☐

Go to question 14

13. Please tell us more so we can assess your application. Please include:

- the date
- where it happened
- including the state or territory, any ongoing action, and/or
- what the outcome was.



As part of our assessment, we need to complete a criminal history check. Before we can complete this check we need to verify your identity. We'll send you an email after you submit your application to explain what you need to do.

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



You can also attach a detailed statement and other supporting material (e.g. court documents) with your application.

If your criminal history is about your mental health or you received a mental health diversion plan as a part of your sentence, please attach information about your fitness to practice from your treating practitioner.

14. Have you continued to use English as your primary language in the past five years?

YES ☐

I declare that I have continued to use English as my primary language within the past five years.

NO ☐

The Board may require you to provide evidence to demonstrate you meet the *Board's English language skills registration standard*.



You will be required to provide this evidence if you met the requirements of the *English language skills registration standard* on the basis of results from an English language test, and have not declared that you have continued to use English as your primary language.

For more information, refer to www.ahpra.gov.au/EnglishLanguageSkills

15. Have you qualified as a chiropractor or have you passed a Board-approved competency assessment within the past 12 months?



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

YES ☐

Go to question 18

NO ☐

Go to the next question

16. Have you practised at least 150 hours in the past 12 months?



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

YES ☐

Go to question 18

NO ☐

Go to the next question

17. Have you practised at least 450 hours in the past three years?

YES ☐

Go to next question

NO ☐

You must satisfy the Board of your current competency to practise. For more information, see *Recency of practice* in the *Information and definitions* section of this form.

18. In the past three years have you had any continuous absences from practice that are greater than two years?

YES ☐

You must satisfy the Board of your current competency to practise. For more information, see *Recency of practice* in the *Information and definitions* section of this form.

NO ☐

Go to the next question



19. 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 general registration to have appropriate professional indemnity arrangements in place when practising. Applicants unable to meet this requirement are ineligible for registration. For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

YES ☒

NO ☐

20. 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.

YES ☒

NO ☐



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

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

YES ☒

NO ☐



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

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

YES ☒

NO ☐



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

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

YES ☒

NO ☐



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

24. 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).

YES ☒

NO ☐



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

25. 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?

YES ☒

NO ☐



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



SECTION H: Obligations, consent and declaration



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

Obligations of registered health practitioners

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

Continuing professional development

1. 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

2. 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.
4. 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

5. 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
- c) 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
- f) 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

6. 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;
 - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
 - c) a change in the practitioner's name.

Employer's details

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

Consent to nationally coordinated criminal history check

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

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the National Board
- my personal information currently held by Ahpra and from this form will be provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the Australian Crime Commission Act 2002 (Cth)
- my identity information provided with this application will be enrolled with Ahpra and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about my 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 Advertising 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>

I **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

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---



SECTION I: Payment

You are required to pay a registration fee.

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

Registration fee:

\$ INSERT FEE

Registration fee	\$465
Registration fee for NSW registrants	\$424

=

Amount payable:

\$ INSERT FEE

Applicants **must** pay 100% of the stated fees at the time of submitting the application.

Registration period
The annual registration period for the chiropractic profession is from 1 December to 30 November.
If your application is made between 1 October and 30 November this year, you will be registered until 30 November next year.

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

26. 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

M

M

/

Y

Y

CVV

Name on card

Cardholder's signature

SIGN HERE



SECTION J: Checklist

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

<i>Additional documentation</i>		Attached
Question 2	Evidence of a change of name	<input type="checkbox"/>
Question 9	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
Question 9	A separate sheet with additional registration history details	<input type="checkbox"/>
Question 10	Your curriculum vitae	<input type="checkbox"/>
Question 13	A detailed statement and other supporting material (e.g. court documents)	<input type="checkbox"/>
Question 13	Information about your fitness to practice from your treating practitioner	<input type="checkbox"/>
Question 20	A separate sheet with your impairment details	<input type="checkbox"/>
Question 21	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
Question 22	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
Question 23	A separate sheet with your conditions, undertakings or limitations details	<input type="checkbox"/>
Question 24	A separate sheet with your disqualification details	<input type="checkbox"/>
Question 25	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
<i>Payment</i>		
	Registration fee	<input type="checkbox"/>



Do not email this form.

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



Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).

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

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

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

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Registered practitioners must meet the requirements of the Board's CPD registration standard. For more information, view the full registration standard online at www.chiropracticboard.gov.au/Registration-Standards

CRIMINAL HISTORY

Criminal history includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The Board will decide whether your criminal history is relevant to the practice of your profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. But if you have not given us certified proof of identity documents since October 2019, you will need to do this first.

Any document containing a photograph must be annotated with the statement 'I certify that this is 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.chiropracticboard.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 within the past five years
- 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, education, research)
- detail your continuing professional development history, study you have undertaken and qualifications obtained
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)'
- 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

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.

PRACTICE

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise as a chiropractor 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.

The Board requires that practitioners maintain a level of cover that is adequate and appropriate for the scope and nature of their practice. The cover must include civil liability cover, appropriate retroactive cover, automatic reinstatement and appropriate run-off cover for when they cease practice.

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



REGENCY OF PRACTICE

To ensure that you are able to practise competently and safely, you must satisfy the Board's *Recency of practice registration standard*.

The Board notes a distinction between clinical practice and non-clinical practice. You must be recent in the type of practice you seek to undertake. If you are recent in clinical practice you are automatically recent in non-clinical practice.

All practising registrants must have carried out at least 150 hours of practice in the previous 12 months or 450 hours of practice in the previous three years.

If a practitioner satisfies the hours requirement for recency of practice but has been continuously absent from practice for two years in the previous three years then they do not immediately satisfy the recency of practice requirement and will be required to satisfy the Board as to their current competency.

A practitioner who does not satisfy the hours requirement will also be required to satisfy the Board as to their current competency.

Practitioners who have completed their qualification or an overseas-trained practitioner competency assessment within two years prior to applying for renewal of registration are exempt from this requirement.

Practitioners who do not immediately satisfy the recency of practice requirements should refer to the full registration standard online at www.chiropracticboard.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.