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Applying for registration is now available online.

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Applying online is easier, faster and more secure

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

Applying online also means you can

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

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

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

Keeping in contact

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





Application for provisional registration

for students completing an approved program of study requiring a period of supervised practice

Profession: Medical radiation practice

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

This form is for students who are completing an approved program of study, who have never been registered or practised as a health practitioner in Australia or overseas **and are eligible for provisional registration**.

This is an application for provisional registration as a medical radiation practitioner in Australia. This application must be lodged, with all supporting documents, in the capital city of the state or territory where the approved program of study has been completed. It is important that you refer to the Medical Radiation Practice Board of Australia (the Board) registration standards before completing this application. Registration standards and other relevant codes and guidelines can be found at

www.medicalradiationpracticeboard.gov.au



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

Privacy and confidentiality

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

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

Symbols in this form



Additional information

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



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.



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:
- D0 N0T send original documents.



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

SECTION A: Registration division(s)

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

Mark all options applicable to your	application	
Diagnostic radiography	Radiation therapy	Nuclear medicine technology

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 X	MS 🔀	DR 🔀	OTHER	SPECIFY							
Family	name*													
First gi	iven name*													
Middle	name(s)*													
Previo	us names ki	nown by (e.g	. maiden nan	ne)										
Date of	Date of birth DD / MM / YYYY													
	If you have ever been formally known by another name, or you are providing documents in another name, you must attach proof of your name change unless this has been previously provided to the Board. For more information, see <i>Change of name</i> in the <i>Information and definitions</i> section of this form.													

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3. What are your birth and **Country of birth** personal details? City/Suburb/Town of birth State/Territory of birth (if within Australia) NSW X QLD | WA 🔀 NT X TAS X ACT X VIC X Sex* MALE FEMALE INTERSEX / INDETERMINATE Languages spoken fluently other than English (optional)* **SECTION C:** Application criteria 4. Have you ever been registered YES You must complete AGEN-91 - Application for general registration. or practised as a health STOP This form is available online at www.medicalradiationpracticeboard.gov.au practitioner in Australia or overseas? NO Go to the next question 5. At what academic institution Name of institution are you completing your study? Country State/Territory (if in Australia)

NT X

WA 🔀

SA

TAS X

ACT X

Effective from: 18 September 2025

NSW X

Student identification number

6. What is your student

identification number?

SECTION D: Contact information



Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au/login to change your contact details using your online account.

7.	What	are	your	contact	details?
----	------	-----	------	---------	----------

Provide your current contact details below -	– place an 🗶	next to your preferred contact phone number.
Business hours		Mobile
	\boxtimes	
After hours		
	\times	
Email		

8. What is your residential address?



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

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

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

Residential address cannot be a PO Box.

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untry	(IT C	thei	tha	n A	usti	alia)														

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



Principal place of practice for a registered health practitioner is:

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

Principal place of practice cannot be a PO Box.

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

S 🔀	NO Provide yo	our Australian principal place of practice below
Site/building and/or position/d	epartment (if applicable)	
.ddress (e.g. 123 JAMES AVENU	F: or UNIT 1A 30 IAMES ST	REET)
iddi 655 (c.g. 125 oAMES AVENS	L, OI OIVIT IA, OU DAIVILO OI	
ity/Suburb/Town*		
State/Territory* (e.g. VIC, ACT)		Postcode*

10. What is your mailing address?

Your mailing address is used for postal correspondence.

My residential add	dre
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My principal place of practice

Site	Site/building and/or position/department (if applicable)																							
																								T
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City	/Sul	burb	/Tov	vn				,																
Stat	e or	ter	ritor	y (e.	g. VI	C, A(CT) /I	nter	nati	onal	pro	vinc	е		Pos	tcod	e/ZI	P						
Cou	ntry	(if	othe	r tha	ın A	ustr	alia)																	

Effective from: 18 September 2025

SECTION E: Proof of identity



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

11. Are you applying for registration from within Australia?



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

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

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

You must provide one document from						
lease comple	ر اد		+k	ne new ent summary		
ImmiCard COTTIPIC		NA	CI	Australian motor vehicle registration		
of of iden	+i.	۲,	F	Australian Tay to Assessment Notice		
Australian passport I G E I I	LI.	7		3ECLIOI1		
at the end o	בא	L		Australian pension/healthcare card		
at the end o	NA	n.	IS	IQIIII cuments		



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



Once **registered** and **living** in Australia, you need to become identity enrolled. Please download and complete the form *POIA-00 - Proc* of identity requirements form: Within Australia to become identity enrolled.

12. Are you applying for registration from outside Australia?

YES **Go to the next questi**

NO NO

Go back to question 11 to nominate the proof of identity you will provide with your application

13. Can you meet the proof of identity requirements for applicants applying for registration within Australia



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

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

- At least one document must be in your current name.
- Your category B document must have a recent photo.
- All documents must be officially translated into English refer to Translating documents to www.ahpra.gov.au/translate for further information.

NO 🔀

YES Go back to question 11 to nominate the proof of identity you will provide with your application

Choose proof of identity documents to submit – then go to Section F: Qualification for the profession

- You must provide one category B document and two category C documents
- A document may only be used once for any category.

Laissez Passer and Titre de Voyage)			
ease complete	e tr	ie new	
of of identi	ty	section	
You must attach a certified copy			

at the end of this form



Certifying documents

- If using your passport, a certified copy of the identity information page (the photo page)
 must be provided.
- For documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'
- All documents must be true certified copies of the original. See Certifying documents in the Information and definitions section of this form for more information.

SECTION F: Qualification for the profession



Please refer to **www.medicalradiationpracticeboard.gov.au/accreditation** for a list of qualifications approved or considered equivalent by the Board.

If you are applying for registration in more than one division you are required to provide documentation for all applicable division(s).

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



As a student completing studies at an Australian university you may not yet have your qualification conferred, and are therefore unable and not required to provide a copy of your degree with your application.

Your application will be processed when the Board receives advice direct from the relevant university that you have met the requirements of the course and are entitled to the qualification.

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

Primary qualification and examina	ations/assessments				
Title of qualification					
Division of registration applicable to					
Name of institution (University/Colleg	ge/Examining body)				
Country or state/territory (Australian	qualifications only)				
Start date	Completion date	Length of program			
MM/YYYY	MM/YYYY				
If you have received your academic qualification you must attach a certified copy.					



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

SECTION G: Registration period

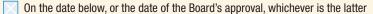


There is no set registration period for provisional registration. We'll grant you registration for 12 months from the date of the Board's approval or the date you select, whichever is the latter. If it takes more than 12 months to complete the provisional requirements, you'll need to renew your registration.

15. If this application is approved, when would you like your provisional 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



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 H: Suitability statements



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

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

16. Do you have any criminal history in Australia?



It is important that you have a clear understanding of the definition of criminal history. For more information, see Criminal history in the Information and definitions section of this form.





NO





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

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



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

10	
VU	\mathcal{X}



Go to the next question



You are required to:

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

Country	Check reference number
You must attach a separate sheet if the list of overseas countrie reference number does not fit in the space provided.	es and corresponding check
You must attach the international criminal history check (ICHC) the approved vendor.	reference page provided by
You must attach a signed and dated written statement with det each of the countries listed and an explanation of the circumstate	,

18. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?

www.ahpra.gov.au/ international criminal history.



If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to www.ahpra.gov.au/ international criminal history.

00	X		Go	to	the	next	question
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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 countries reference number does not fit in the space provided.	and corresponding check
You must attach the international criminal history check (ICHC) rethe approved vendor.	eference page provided by

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



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

The combined education pathway

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

- at least two years of your secondary education which was taught and assessed solely in English in a recognised country, and
- 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.

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

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Ahpra may verify the information you provide below. For more information, see *English language skills* in the *Information and definitions* section of this form. If a qualification that was relied on for registration is not an approved program of study, you **must** provide confirmation that the course was taught and assessed solely in English. A list of approved programs of study is available at **www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study.**

The combined education pathway

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

The advanced education pathway

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

The school education pathway

This is a declaration that English is your primary language. Provide details of primary, secondary and tertiary education in the table below, then go to question 23

The test pathway

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

Complete the following table of education undertaken in chronological order (earliest to most recent):

Timeframe	Level of education	Program name If applicable	Education institution Specify name and address	Recognised country If applicable	Study status
Study commenced:	Primary				Full time
MMYYYYY	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				
Study commenced:	Primary				Full time
MMYYYY	Secondary				Part time
Study completed:	Vocational				
MM Y Y Y Y	Tertiary				
Study commenced:	Primary				Full time
MMYYYY	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				

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

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

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

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20. Were your results from the English language tests obtained in one or two sittings?	In certain circumstances, you can use English language test results from a maximum of two test sittings in a 12 month period. For more information, refer to the Board's English language skills registration standard. One sitting Provide date of test below, then go to the next question and complete details for one sitting Two sittings Provide dates below, then go to the next question and complete details for both sittings
	Sitting one DD/MM/YYYY Sitting two DD/MM/YYYYY

Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results. Cambridge (C1 Advanced or C2 Proficiency) Verification number – sitting one: Verification number – sitting two (if applicable): The Board requires Cambridge with a minimum overall score of 185 in the listening, reading, and speaking components, and a minimum score of 176 in the writing component. International English Language Test System (IELTS) Academic module Test report form number – sitting one: Test report form number – sitting two (if applicable): Α Α The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in the listening, reading, and speaking components, and a minimum score of 6.5 in the writing component. **Occupational English Test (OET)** Candidate number – sitting one: Candidate number – sitting two (if applicable): The Board requires the OET with a minimum score of B in the listening, reading, and speaking components, and a minimum score of C+ in the writing Pearson Test of English Academic (PTE Academic) Registration ID – sitting one: Registration ID – sitting two (if applicable): The Board requires the PTE Academic with a minimum overall score of 66 and a minimum score of 66 in the listening, reading, and speaking communicative skills, and a minimum of 56 in the writing communicative skill. Test of English as a Foreign Language internet-based test (TOEFL iBT) Registration number – sitting one: Registration number - sitting two (if applicable): The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 24 for writing, and 23 for speaking.

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

YES

the reference number(s), so that Ahpra can verify your results.

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

N0

If your English language test(s) were completed within the past two years, you must provide a copy of your test results, including

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



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.

23. 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.



NO

24. 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.



NO D



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

25. Do you undertake to notify the Board of your principle place of practice details within 30 days of commencing practice?





SECTION I: Obligations, consent and declaration



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

Obligations of registered health practitioners

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

Continuing professional development

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

Professional indemnity insurance arrangements

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

Notice of certain events

- A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. 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—
 - (i) the name of the practitioner's employer; and
 - (ii) the address and other contact details of the practitioner's employer.
- The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

Consent to nationally coordinated criminal history check

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

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

I declare that:

- the statements made, and any documents provided, in support of this
 application are true and correct, and
- I am the person named in this application and in any documents provided.
 I make this declaration in the knowledge that a false declaration amounts to

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

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

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

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

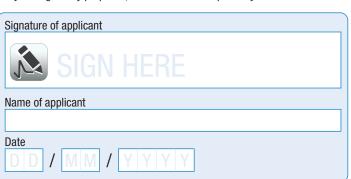
https://www.ahpra.gov.au/Publications/Advertising-hub.aspx | acknowledge that:

 the National Board may validate documents provided in support of this application as evidence of my identity

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

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

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.



SECTION J: Payment

You are required to pay BOTH an application fee and 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.

Application fee: \$221







Registration period

Provisional registration is granted for a period of 12 months commencing from the date of approval. This means applicants for provisional registration are required to pay a registration fee that covers the full 12 month period of registration that is granted.

Should a practitioner become eligible for general registration anytime within the 12 month registration period, the practitioner can apply for general registration, at which time an application fee and registration fee apply. The registration fee, payable to change to general registration, is calculated based on the remaining portion of the general registration fee, less the unused portion of the provisional registration fee. This is to ensure that the practitioner is not financially disadvantaged when changing registration types.

Refund rules

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

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

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

SECTION K: Checklist



Please label each attachment with the corresponding question number.

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

Additional dod	Additional documentation	
Question 2	Evidence of a change of name	\times
Question 11	Certified copies of all documents that provide sufficient evidence of your identity	X
Question 13	Certified copies of all documents that provide sufficient evidence of your identity	X
Question 14	Certified copies of all of your relevant qualifications approved or considered to be equivalent by the Board	X
Question 14	A separate sheet with additional qualification details	X
Question 16	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	X
Question 17	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	X
Question 17	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	X
Questions 17 & 18	ICHC reference page provided by the approved vendor	\times
Question 18	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	X
Question 19	A separate sheet with any additional qualification details	\times
Question 19	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	\times
Question 21	Copy of your English language test results	X
Question 22	Certified copy of your English language test results	X
Question 22	Evidence of continuous employment as a registered health practitioner or in a relevant health, disability, or aged care related role where English was the primary language of practice and/or continuous enrolment in an approved program of study	X
Question 24	A separate sheet with your impairment details	X
Payment		
	Application fee	\times
	Registration fee	\times

Do not email this form.

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

Effective from: 18 September 2025

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents.

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

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

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

CHANGE OF NAME

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

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

- · Standard marriage certificate
- Deed poll
- Change of name certificate

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

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Practitioners must complete a minimum of 60 hours of CPD activities over a three-year cycle with a minimum of 10 hours in any one year.

For more information, view the full registration standard online at

www.medicalradiationpracticeboard.gov.au/registration-standards or the Board's CPD guidelines online at

www.medicalradiationpracticeboard.gov.au/codes-quidelines

CRIMINAL HISTORY

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

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

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

Any document containing a photograph must be annotated with the statement 'I certify that this a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.' You may be required to obtain international criminal history reports. For more information, view the full registration standard online at www.medicalradiationpracticeboard.gov.au/registration-standards and the requirements for supplying proof of identity and certified documents at www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity and www.ahpra.gov.au/Registration/Registration-Process/Certifying-

ENGLISH LANGUAGE SKILLS

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*.

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

IMPAIRMENT

Documents

The National Law defines impairment as 'a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession'.

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

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan.

 The National Law requires you to declare any such impairments at the time of 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 medical radiation practitioner in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard. Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

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

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

Applications **Proof of identity**

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

1.	Do you have an Australian residential address?	
	Yes – You will be asked to complete your identity verification through Ahpra's third party vendor, InstaID+. For further information, please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity	
	No – Go to the next question	
2.	Do you hold a current Australian or overseas passport?	
	Yes - Select one option	
	I have an Australian passport – <i>Go to question 3</i>	
	I have an overseas passport – Go to question 4	
	No - You cannot proceed with this application. We must be able to verify your identity, we cannot verify your identity without a current passport.	
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 Foreign government issued document) 	o ID
	Yes - Thank you, no further questions. You will be asked to complete your identity verification through Ahpra's third part vendor, InstalD+. For further information, please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity.	ty
	○ No – Go to the next question	
1.	 For Ahpra to verify your identity, can you provide two (2) of the following documents: a current Australian visa foreign birth certificate foreign identity card a current foreign driver's licence foreign marriage certificate credit or debit card Yes – You will be asked to complete your identity verification through Ahpra's third party vendor, 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.