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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 endorsement for scheduled medicines for midwives


Profession: **Midwifery**

Part 7 Division 8 of the Health Practitioner Regulation National Law (the National Law)

This form is to be used by registered midwives holding current practising general registration, **with no conditions or undertakings relating to unsatisfactory professional performance or unprofessional conduct**, to apply for endorsement for scheduled medicines for midwives.

Applicants are advised to read *Fact sheet: Endorsement for scheduled medicines for midwives*.

It is important that you refer to the Nursing and Midwifery Board of Australia's (NMBA) registration standards, codes and guidelines before completing this application. These documents can be found at www.nursingmidwiferyboard.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.

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: Personal details



The information items in this section marked * will appear on the public register of practitioners. For more information, see *Information on the public register* in the *Information and definitions* section of this form.

1. What is your name and birth details?

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 / /

Country 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 NMBA. For more information, see *Change of name* in the *Information and definitions* section of this form.




2. What is your registration number?

Registration number*

SECTION B: Contact information

 **The information items in this section marked * will appear on the public register of practitioners.** For more information, see *Information on the public register* in the *Information and definitions* section of this form.

 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.

3. What are your contact details?


Provide your current contact details below – place an next to your preferred contact phone number.

Business hours **Mobile**

After hours

Email

4. What is your residential address?

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

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

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

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

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)



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

YES

NO Provide your Australian principal place of practice below

i 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.

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

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

City/Suburb/Town*

State/Territory* (e.g. VIC, ACT)

Postcode*

6. What is your mailing address?

i Your mailing address is used for postal correspondence.

- My residential address
- My principal place of practice
- Other (Provide your mailing address below)

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

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 (if other than Australia)



SECTION C: Qualification for the endorsement



The information items in this section marked * will appear on the public register of practitioners. For more information, see *Information on the public register* in the *Information and definitions* section of this form.

i In accordance with section 94 of the National Law to be eligible for endorsement as being qualified to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicine, you **must**:

- (a) hold either of the following qualifications relevant to the endorsement:
- an NMBA-approved program of study leading to endorsement for scheduled medicines, or
 - a program that is substantially equivalent to an NMBA-approved program of study leading to endorsement for scheduled medicines as determined by the NMBA.
- (b) comply with any approved registration standard relevant to the endorsement.

The NMBA's website contains information on approved qualifications and registration standards relevant to (a) and (b) above. More information is available at www.nursingmidwiferyboard.gov.au

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



Provide details of the qualification and examinations/assessments you are relying on for this application.

Please ensure this covers **all qualifications** as required in the NMBA's *Registration standard: Endorsement for scheduled medicines for midwives*.

Most recent qualification and examinations/assessments

Title of qualification*

Name of institution (University/College/Examining body)*

Country

Start date

 /

Completion date*

 /


You **must** attach a certified copy of your original academic transcript and testimony or certificate that indicates completion of the qualification mentioned in this form.

Additional qualification and examinations/assessments

Title of qualification*

Name of institution (University/College/Examining body)*

Country

Start date

 /

Completion date*

 /


You **must** attach a certified copy of your original academic transcript and testimony or certificate that indicates completion of the qualification mentioned in this form.



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



SECTION D: Work history

8. What context of practice are you applying for, or are you applying across the continuum of midwifery care?

Mark one box below only

Antenatal care

Postnatal care

Antenatal and postnatal care

Across the continuum of midwifery care

9. Do you have experience as a registered midwife equivalent to three years' full-time clinical practice (5,000 hours) in the past six years?



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 NMBA in relation to your recency of practice and registration history. For more information about your Statement of Service, see *Statement of Service* in the *Information and definitions* section of this form.



You **must** attach to your application:

- a certified Statement of Service from all of your employers from the past six years, which includes the context of practice your midwifery hours have been practiced in, and
- a certified, **signed and dated** curriculum vitae that describes your full practice history and any training undertaken, which contains the statement 'This curriculum vitae is true and correct as at (insert date)'.

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



Exposure prone procedures (EPPs) are procedures where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissues to the blood of the healthcare worker. These procedures include those where the healthcare worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. For example a midwife repairing an episiotomy or a perioperative nurse surgical assistant involved in open surgical procedures that meet the above criteria.

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-on-managing-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.

YES Go to the next question NO Go to Section E: Obligations and consent

11. 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.

YES

NO



SECTION E: 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 to assist you in completing this form, 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 authorise Ahpra and the NMBA 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 NMBA,
- 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 NMBA 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

I consent to the NMBA 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.

I acknowledge that:

- the NMBA 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 NMBA 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 confirm that I have 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 NMBA to refuse registration.

Signature of applicant

 SIGN HERE

Name of applicant

Date


D	D	/	M	M	/	Y	Y	Y	Y
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SECTION F: Payment

You are required to pay an application fee.

Application fee:	=	Amount payable:
\$180		\$180
		Applicants must pay 100% of the stated fees at the time of submitting the application.

 **Refund rules**
The application fee is non-refundable.

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

Credit/Debit card payment slip – please fill out

<p>Amount payable</p> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;">\$ <input style="width: 80%;" type="text"/></div> <p>Visa or Mastercard number</p> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; gap: 5px;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> </div> <p>Expiry date CVV</p> <div style="display: flex; gap: 20px;"> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> </div>	<p>Name on card</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Cardholder's signature</p> <div style="border: 1px solid black; padding: 10px; display: flex; align-items: center;"> SIGN HERE </div>
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SECTION G: Checklist

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

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 7	Certified copies of all of your academic qualifications and examinations/assessments mentioned within this form	<input type="checkbox"/>
Question 7	A separate sheet with additional qualifications	<input type="checkbox"/>
Question 9	A Statement of Service from your employer(s) covering the past six years	<input type="checkbox"/>
Question 9	A signed and dated curriculum vitae that describes your full practice history and any training undertaken	<input type="checkbox"/>
Question 9	A letter from your employer verifying your employment in your nominated context of practice	<input type="checkbox"/>
<i>Payment</i>		
	Application 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

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 non-occupational 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 guidelines 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 exposure-prone 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-healthcare-workers-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 guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx



CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation that 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.

CLINICAL PRACTICE

Clinical practice means either the continuum of midwifery care or context of practice as defined below.

Continuum of midwifery care (pregnancy, labour, birth and postnatal care) incorporates antenatal care, intrapartum care and postnatal care for women and their infants. It includes clinical assessment, exercise of clinical judgment, planning, implementation, monitoring and review, responding to maternity emergencies, assessment and care of the newborn infant, management and administrations of medicines and the judicious use of diagnostic investigations, consultation and referral.

Context of practice means the parameters that define an individual's midwifery practice. These include practice across the continuum of care, antenatal care, intrapartum care and postnatal care.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

CPD is a requirement of registration even if you are not working or are working overseas. You must complete at least 20 hours of CPD per profession each year. This must be relevant to your context of practice. If you were granted registration less than 12 months ago, your CPD requirements will be based on how many months you have been registered:

- 0–3 months, at least 5 hours
- 3–6 months, at least 10 hours
- 6–9 months, at least 15 hours or
- more than 9 months, at least 20 hours.

You must keep evidence of your participation. For more information, view the registration standard online at www.nursingmidwiferyboard.gov.au/Registration-Standards and the guidelines at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines

CURRICULUM VITAE

Your curriculum vitae **must**:

- detail any gaps in your practice history of more than three months from the date you obtained your qualification
- 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

INFORMATION ON THE PUBLIC REGISTER

Information in this form marked with an asterisk (*) indicates the information that will be displayed on the online public register of practitioners.

If you believe that publishing information about you on the public register would pose a serious risk to your health or safety as a practitioner, please complete an *Application to exclude information from the public register – AEPR-00* available at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms

PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise the profession in Australia without PII. You must maintain it through your own private cover, your Australian employer or another third party, and ensure you understand it.

But you are not required to hold PII if you are unemployed or working overseas.

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

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

REGENCY OF PRACTICE

You must maintain an adequate connection with your profession and regularly practise it after you qualify for or receive your registration. For nurses and midwives this means you have practised for at least 450 hours over the last 5 years. The NMBA's recency of practice requirements also apply to an endorsement for scheduled medicines or as a nurse practitioner.

If you are unable to meet the recency of practice requirements the NMBA requires you to submit evidence to support your re-entry to practice. Re-entry to practice may require you to complete specific education and/or supervised practice.

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

and the re-entry to practice policy at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/reentry-to-practice

STATEMENT OF SERVICE

The Statement of Service is required to:

- be on the employer's letterhead
- provide dates of employment
- describe the role in which you were employed, and whether it was full-time/part-time hours, and
- be signed by a manager (e.g. director of nursing, unit manager or HR manager).