The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) has decided on a fast track application process for practitioners who:

- previously held general registration as an Aboriginal and Torres Strait Islander Health Practitioner in Australia
- did not apply for renewal of registration within one month of the 30 November 2023 expiry date (i.e. before 31 December 2023), and
- are now applying for registration between 1 and 31 January 2024.

This fast track application process is only available for one month after the previous registration has lapsed. It differs from the standard application process in that it does not require:

- verification of identification unless there has been a change in criminal history
- verification of qualifications if recorded as part of previous registration
- verification of English language skills, and
- verification of registration history or work history.

It is important that you refer to the Board’s registration standards, codes and guidelines when completing the form. These documents can be found at www.atsihealthpracticeboard.gov.au.

You are unable to practise until your application has been finalised and your details appear on the public register. If you are currently practising, you must stop immediately.

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.

Fast track applications are usually processed within 48–72 hours unless the practitioner fails to provide sufficient information, has made an adverse declaration or previously held registration that was subject to conditions. In these circumstances, processing time frames may extend beyond the usual timeframes.

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 https://www.ahpra.gov.au/about-ahpra/privacy.aspx

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: https://www.ahpra.gov.au/about-ahpra/privacy.aspx

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: [X]
- DO NOT send original documents unless specified.

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 of the application that are marked with an asterisk (*) will appear on the public register.

1. What is your name and date of birth?

   Title*
   MR ☐  MRS ☐  MISS ☐  MS ☐  DR ☐  OTHER ☐ SPECIFY ☐
   Family name*
   First given name*
   Middle name(s)*
   Previous names known by (e.g. maiden name)
   Date of birth DD / MM / 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 Change of name in the Information and definitions section of this form.

2. What are your birth and personal details?

   Country of birth
   City/Suburb/Town/Community 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)*

3. List the details of your recently expired registration under the National Law:

   Expiry date of registration DD / MM / YYYY
   Registration number* ATS

4. Have you practised the profession in Australia since 31 December 2023?

   YES ☐  NO ☐
   Last date that you practiced DD / MM / YYYY
SECTION B: Contact information

Once registered, you can change your contact information at any time. Please go to [www.ahpra.gov.au](http://www.ahpra.gov.au) and
• download and complete the change of address form CHDT-00 – Request for change of address details on the register, or
• log in to your Ahpra account to change your details online.

5. What are your contact details?

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

- Business hours
- After hours
- Email
- Mobile

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 next question 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/Community*

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

Country (if other than Australia)

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

Principal place of practice for a registered health practitioner is:
• the address at which you will predominantly practise the profession; or
• your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice cannot be a PO Box.

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

YES ❑ NO ❑ Provide your Australian principal place of practice below

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

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

City/Suburb/Town/Community*

State/Territory* (e.g. VIC, ACT) Postcode*
8. **What is your mailing address?**

Your mailing address is used for postal correspondence.

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

<table>
<thead>
<tr>
<th>Site/Building and/or position/department (if applicable)</th>
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<thead>
<tr>
<th>Address/PO Box <em>(e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)</em></th>
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<tr>
<th>City/Suburb/Town/Community</th>
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<table>
<thead>
<tr>
<th>State or territory *(e.g. VIC, ACT)/International province</th>
<th>Postcode/ZIP</th>
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<tr>
<th>Country (if other than Australia)</th>
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</table>
### SECTION C: 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.atsihealthpracticeboard.gov.au/Registration-Standards](http://www.atsihealthpracticeboard.gov.au/Registration-Standards) for further information.

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

   ![Warning](https://via.placeholder.com/15)
   **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** □ □ | **NO** □ □ □ [Go to the next question](#)

   You **must** attach:

   - A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances, and
   - Supply proof of your identity.

   **You do not have to provide your Australian criminal history report.** We will obtain this for you. In order for a nationally coordinated criminal history check to be conducted by Ahpra and the Board for the purpose of assessing this application for registration, you must supply certified copies of your proof of identity documents as outlined below. You must only use each document once and the documents provided must meet the following criteria:

   - At least one document must be in the applicant’s current name.
   - Your category B document **must** have a recent photo.
   - If using your passport, a certified copy of the identity information page (the photo page) must be provided.
   - 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.

   **Choose proof of identity documents to submit:** (A document may only be used once for any category)

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<thead>
<tr>
<th>Documents</th>
<th>Category used:</th>
<th>Documents</th>
<th>Category used:</th>
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<tbody>
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<td>A B C</td>
<td>A B C</td>
<td>A B C</td>
<td>A B C</td>
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<tr>
<td>Australian birth or adoption certificate</td>
<td></td>
<td>Australian financial institution account</td>
<td></td>
</tr>
<tr>
<td>Australian visa (Foreign passport must be selected as evidence for Category B)</td>
<td></td>
<td>Australian Medicare card</td>
<td></td>
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<tr>
<td>ImmiCard</td>
<td></td>
<td>Australian PAYG payment summary</td>
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<tr>
<td>Australian citizenship certificate</td>
<td></td>
<td>Australian motor vehicle registration</td>
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<td>Australian passport</td>
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<td>Australian Taxation Assessment Notice</td>
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<tr>
<td>Australian motor vehicle licence</td>
<td></td>
<td>Australian insurance policy</td>
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<tr>
<td>Australian proof of age card</td>
<td></td>
<td>Australian pension/healthcare card</td>
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<tr>
<td>Australian proof of age card</td>
<td></td>
<td>Foreign passport</td>
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<tr>
<td>Australian Working with Children/ Vulnerable People Card</td>
<td>Category D documents</td>
<td>Australian Working with Children/ Vulnerable People Card</td>
<td></td>
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<tr>
<td>Australian firearms or shooter’s licence</td>
<td></td>
<td>Australian Working with Children/ Vulnerable People Card</td>
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<tr>
<td>Australian student ID card</td>
<td></td>
<td>Australian Working with Children/ Vulnerable People Card</td>
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<tr>
<td>Intl. or foreign motor vehicle licence</td>
<td></td>
<td>Australian Working with Children/ Vulnerable People Card</td>
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<td>Australian proof of age card</td>
<td></td>
<td>Australian Working with Children/ Vulnerable People Card</td>
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<tr>
<td>Australian government benefits</td>
<td></td>
<td>Australian Working with Children/ Vulnerable People Card</td>
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<tr>
<td>Australian academic transcript</td>
<td></td>
<td>Australian Working with Children/ Vulnerable People Card</td>
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<tr>
<td>Australian registration certificate</td>
<td></td>
<td>Australian Working with Children/ Vulnerable People Card</td>
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</tbody>
</table>

**You must** attach a certified copy of **all** proof of identity documents that you have indicated above.
10. Since your last declaration to Ahpra, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to Ahpra?

**YES**

You are required to:
- obtain an international criminal history check from an approved vendor for each country and provide details below, and
- provide details of the change in your criminal history in a signed and dated written statement.

<table>
<thead>
<tr>
<th>Country</th>
<th>Check reference number</th>
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You must attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

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

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

NO  Go to the next question

11. In the previous registration period, did you meet the Board’s registration standard for professional indemnity insurance arrangements?

**YES**

When practising, you must have appropriate professional indemnity arrangements in place that meet the Board's registration standard.

For more information, see Professional indemnity insurance in the Information and definitions section of this form or the full registration standard online at www.atsihealthpracticeboard.gov.au/Registration-Standards

NO

Provide details of your circumstances below

... ...

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

Following the assessment of your application, you may be requested to provide further information.

12. In the coming year, do you commit to meet the Board’s professional indemnity insurance registration standard?

**YES**

To ensure you know the requirements you’re committing to meet, see Professional indemnity insurance in the Information and definitions section of this form or the full registration standard online at: www.atsihealthpracticeboard.gov.au/Registration-Standards

NO

Provide details of your circumstances below

... ...

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

Following the assessment of your application, you may be requested to provide further information.
13. Do you meet the Board’s recency of practice requirements?  

To meet the Board’s recency of practice registration standard, you are required to have practised at least 450 hours within the previous three years, or 150 hours within the previous 12 months in your intended scope of practice. If you don’t meet the standard, you will be required to provide information to help the Board make a decision about your application.

For more information, see Recency of practice in the Information and definitions section of this form or the full registration standard online at www.atsihealthpracticeboard.gov.au/Registration-Standards

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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Provide details of why requirements have not been met

You must attach a separate sheet with additional details that do not fit in the space provided. Following the assessment of your application, you may be requested to provide further information.

14. In the previous registration period, did you meet the requirements of the Board’s continuing professional development registration standard?  

For more information, see Continuing professional development in the Information and definitions section on page two of this form.

For more information, see Continuing professional development in the Information and definitions section of this form or the full registration standard online at www.atsihealthpracticeboard.gov.au/Registration-Standards

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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I will commence and be meeting the Board’s CPD requirements by my next renewal.

Provide details of how you intend to meet the CPD requirements

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

15. 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.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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You must attach details to this application of any impairments and how they are managed.

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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You must attach to this application details of any registration suspension or cancellation.

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

You must attach to this application details of any cancellation, refusal or suspension.
18. 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.

19. 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.

20. 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.

21. During your preceding period of registration, has your right to practise at a hospital or another facility at which health services are provided been withdrawn or restricted because of your conduct, professional performance or health?

YES ☐ NO ☐

Provide details of the withdrawal or restriction of your right to practise

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

22. During your preceding period of registration, have your billing privileges been withdrawn or restricted under the Human Services (Medicare) Act 1973 (Cth) because of your conduct, professional performance or health?

YES ☐ NO ☐

Provide details of the withdrawal or restriction of your billing privileges

You must attach a separate sheet with additional details that do not fit in the space provided.
Have you previously disclosed to Ahpra all known complaints made about you to:
- a registration authority; or
- another entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners (in Australia or elsewhere)?

- [ ] I am not aware of any complaints
- [ ] I have already disclosed all known complaints
- [ ] I do need to declare a complaint

Attach details of all known complaints made about you since you last renewed your registration. Please include details about to whom the complaint was made and when the complaint was made.

SECTION D: 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 Human Services Act 1992 (Cth) or the Social Security Act 1991 (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 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 M Y
### SECTION F: Payment

You are required to pay a registration fee.

<table>
<thead>
<tr>
<th>Registration fee:</th>
<th>Amount payable:</th>
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<tbody>
<tr>
<td>$154</td>
<td>$154</td>
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Applicants **must** pay 100% of the stated fees at the time of submitting the application.

**Registration period**
The annual registration period for the Aboriginal and Torres Strait Islander Health Practice profession is from 1 December to 30 November.

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

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

#### Credit/Debit card payment slip – please fill out

<table>
<thead>
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<th>Amount payable</th>
<th>Name on card</th>
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<thead>
<tr>
<th>Visa or Mastercard number</th>
<th>Cardholder's signature</th>
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<th>Expiry date</th>
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**SECTION G: Checklist**

Please label each attachment with the corresponding question number.

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>Evidence of change of name</td>
<td></td>
</tr>
<tr>
<td>Question 9</td>
<td>Certified copies of all documents that provide sufficient evidence of your identity</td>
<td></td>
</tr>
<tr>
<td>Question 9</td>
<td>A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances</td>
<td></td>
</tr>
<tr>
<td>Question 10</td>
<td>A separate sheet of overseas countries and corresponding ICHC reference number</td>
<td></td>
</tr>
<tr>
<td>Question 10</td>
<td>ICHC reference page provided by the approved vendor</td>
<td></td>
</tr>
<tr>
<td>Question 10</td>
<td>A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances</td>
<td></td>
</tr>
<tr>
<td>Question 11</td>
<td>A separate sheet with details of why you have not met PII requirements</td>
<td></td>
</tr>
<tr>
<td>Question 12</td>
<td>A separate sheet with details of why you do not commit to practise the profession in Australia in accordance with the requirements of the Board’s PII arrangements registration standard</td>
<td></td>
</tr>
<tr>
<td>Question 13</td>
<td>A separate sheet with details of why the recency of practice requirements have not been met</td>
<td></td>
</tr>
<tr>
<td>Question 14</td>
<td>A separate sheet with additional details of how you intend to meet the CPD requirements</td>
<td></td>
</tr>
<tr>
<td>Question 15</td>
<td>A separate sheet with your impairment details</td>
<td></td>
</tr>
<tr>
<td>Question 16</td>
<td>A separate sheet with your current suspension or cancellation details</td>
<td></td>
</tr>
<tr>
<td>Question 17</td>
<td>A separate sheet with your previous cancellation, refusal or suspension details</td>
<td></td>
</tr>
<tr>
<td>Question 18</td>
<td>A separate sheet with your conditions, undertakings or limitations details</td>
<td></td>
</tr>
<tr>
<td>Question 19</td>
<td>A separate sheet with your disqualification details</td>
<td></td>
</tr>
<tr>
<td>Question 20</td>
<td>A separate sheet with your conduct, performance or health proceedings details</td>
<td></td>
</tr>
<tr>
<td>Question 21</td>
<td>A separate sheet with details of the withdrawal or restriction of your right to practise</td>
<td></td>
</tr>
<tr>
<td>Question 22</td>
<td>A separate sheet with details of the withdrawal or restriction of your billing privileges</td>
<td></td>
</tr>
<tr>
<td>Question 23</td>
<td>A separate sheet with support papers detailing any complaints made</td>
<td></td>
</tr>
</tbody>
</table>

**Payment**

- Registration fee

Please submit this form with payment and required attachments to:

The fastest way to submit this form and any supporting documents is online at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload). If you wish to submit by mail, please post this form with payment and required attachments to:

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (refer below)

Adelaide SA 5001 Brisbane QLD 4001 Canberra ACT 2601 Darwin NT 0801
Hobart TAS 7001 Melbourne VIC 3001 Perth WA 6001 Sydney NSW 2001

You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at [www.ahpra.gov.au](http://www.ahpra.gov.au)
Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.
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 initialed 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, 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 in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. Any documents 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.’

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
- 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.atsihealthpracticeboard.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 a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.’


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

PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your 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 clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise as an Aboriginal and Torres Strait Islander Health 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. You need to understand how you are covered.

Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession. Aboriginal and Torres Strait Islander Health Practitioners are exempt from requiring PII when:

- the scope of practice of an individual practitioner does not include the provision of healthcare or opinion in respect of the physical or mental health of any person
- a practitioner has statutory exemption from liability. That is, they are employed as a practitioner or are in another arrangement and are exempted from liability under state or Commonwealth legislation, or
- practitioners are registered in Australia but are practising exclusively overseas.

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.atsihealthpracticeboard.gov.au/Registration-Standards

RECENTY OF PRACTICE

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

To meet the standard, you must have completed a minimum of:

- 450 hours of practice in the previous three years, or
- 150 hours of practice in the previous 12 months.

If you are returning to practice after an absence of more than three years, the specific requirements for registration will depend on the scope of practice, your level of experience and the length of absence from that scope, including any continuing professional development undertaken.

If you propose to extend your scope of practice you must complete any advanced training/preparation that your peers would reasonably expect to ensure you are competent. If you are making a substantial change to a different scope you must submit a plan for professional development to the Board for approval before commencing the extended scope of practice.

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