ALTR-30



Application for limited registration for teaching or research

Profession: Medical

This form is for international medical graduates who do not qualify for general or specialist registration and who wish to apply for limited registration to:

- a) undertake a teaching or research role in Australia, or
- b) demonstrate a clinical technique as an expert of that technique or participate in a workshop (usually for a short period).

To be eligible for registration in a teaching or research position, more than 50 percent of practice must be in teaching or research. Supervised clinical practice is allowed if it is directly related to the teaching or research role.

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

There is supporting information for applicants applying to work in a research position. See the Information Sheet: *Registration standard for limited registration for teaching or research – Requirements for applicants applying to work in research positions* at:

https://www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ.aspx



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.

If you have provided documentation to the Board previously, that is not for single use or time limited, documentation will not need to be re-submitted. You may be required to provide information if your initial registration in Australia was granted prior to 1 July 2010.

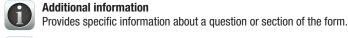
Privacy and confidentiality

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**.

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

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



Attention



Highlights important information about the form.

Attach document(s) to this form Processing cannot occur until all re

Processing cannot occur until all required documents are received.

Signature required Requests appropriate parties to sign the form where indicated.

Mail document(s) directly to Ahpra Requires delivery of documents by an organisation or the applicant. Completing this form

- Read and complete all questions.
- Ensure that all pages and required attachments are returned to Ahpra.
- Use a black or blue pen only.
- Print clearly in **BLOCK** LETTERS
- Place X in all applicable boxes: 🗴
- DO NOT send original documents 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.

PART A – To be completed by the applicant

SECTION A: Personal details

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

1. What is your name and date of birth?	Title* MR MRS MISS MS DR OTHER SPECIFY Family name*												
	First given name*												
	Middle name(s)*												
	Previous names known by (e.g. maiden name)												
	Date of birth DD / MM / 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.												
2. Are you currently, or were you													
previously, registered as a	YES Provide your registration number below NO												
medical practitioner under the National Law?	Registration number*												
National Law?	MED												
2 What are your hirth and													
3. What are your birth and personal details?	Country of birth												
	City/Suburb/Town of birth												
	State/Territory of birth (if within Australia) VIC NSW QLD SA SA WA NT NT TAS ACT												
	Sex* MALE FEMALE INTERSEX/INDETERMINATE Languages spoken other than English (optional)*												

SECTION B: Proof of identity

YES



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.

You **must** provide one document from each category A, B and C, and one document from category D if the document supplied for category B or C does not contain evidence of a current Australian residential address.

4. Are you applying for registration from outside of Australia AND unable to provide evidence from each category?

If you are applying for registration from outside of Australia and are unable to provide evidence from each category, you will be required to meet the minimum identity requirements. Refer to www.ahpra.gov.au/identity for further information.

5. Which documents from each category will you provide for proof of identity?

You must only use each JD document once.

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.
- All documents **must** be officially translated into English. Please refer to Translating documents at www.ahpra.gov.au/translate for further information.
- 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.

NO Go to the next question

Attachment required below – then go to Section C: Contact information

You **must** attach a certified copy of a foreign passport (an EU card is not acceptable). Your certified copy must include:

a certified copy of the identity information page (the photo page), and

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

an official English translation of your passport (if your passport is in a language other than English). Please refer to Translating documents at www.ahpra.gov.au/translate for further information.

Category used: Category used: **Documents Documents** A B C А В С Australian birth or adoption certificate NA Australian financial institution account Australian Madiaara aard

Australian visa (Foreign passport must	NA X								
be selected as evidence for Category B)		Australian PAYG payment summary NA NA 🖂							
ImmiCard	NA 🔀	Australian motor vehicle registration NA NA							
Australian citizenship certificate	NA 🔀	Australian Taxation Assessment Notice NA NA							
Australian passport	$\times \times \times$	Australian insurance policy NA NA 🔀							
Australian motor vehicle licence	NA 🔀 🔀	Australian pension/healthcare card NA NA							
Foreign passport	NA 🔀 🔀	Category D documents							
Australian Working with Children/ Vulnerable People Card	NA 🔀 🔀	A document from Category D is only required if your Category B or C document does not provide evidence							
Australian firearms or shooter's licence	NA 🔀 🔀	of your residential address.							
Australian student ID card	NA 🔀 🔀	I have used a Category B or C document that has my current residential address							
Intl. or foreign motor vehicle licence	NA 🔀 🔀								
Australian proof of age card	NA 🔀 🔀	Australian rate notice							
Australian government benefits	NA NA 🔀	Current Australian lease or tenancy agreement							
Australian academic transcript	NA NA 🔀	Australian utility account							
Australian registration certificate	NA NA 🔀	Australian electoral enrolment card							



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

6. What is your residency status within Australia?

Permanent Australian resident

Current residency status

Temporary resident (Supply details of visa status below)

SECTION C: Contact information

- Once registered, you can change your contact information at any time. Please go to 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.

7. What are your contact details?

Business hours	Mobile	
		\mathbf{X}
After hours		
Email		

8. What is your residential address?

If you are not currently practising, or are not practising the profession predominantly at one address:

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

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

Residential address cannot be a PO Box.

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

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.

te/building	and/or	positio	n/depa	artme	nt (if a	pplica	able)								
	100 144														
<mark>ldress</mark> (e.g.	123 JAN	VIES AV	ENUE; (or UNI	I 1A, 3	SU JAIV	IES STE	(EET)							
ty/Suburb/	Town*														
ate or terri	torv (e a	VIC. A	CT)/Int	ernati	onal n	rovin	<u>ים</u> *	Post	code/Z	'IP*					
	tory (0.9	. 10,71		onnati	onur p			1000							
<mark>untry (if o</mark> t	ther thar	n Austr	ralia)]								
<mark>untry (if o</mark> t	ther thar	<mark>n Austr</mark>	ralia)												
ountry (if ot	ther than	n Austr	ralia)												
	ther than	n Austr	ralia)		0	Bro									
	ther than	n Austr	ralia)	N	0	Pro	vide yo	ur Aus	stralian	prine	cipal p	lace d	of prac	tice b	pelov
						7	-	ur Aus	stralian	prine	cipal p	lace d	of prac	tice b	pelov
ountry (if ot						7	-	ur Aus	stralian	prine	cipal p	lace d	of prac	etice b	pelow
						7	-	ur Aus	stralian	prine	cipal p	lace d	of prac	etice b	pelow
						7	-	ur Aus	stralian	prine	cipal p	lace d	of prac	etice b	pelow
						7	-	ur Aus	stralian	prine	cipal p	lace o	of prac	etice b	elow

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

City/Suburb/Town*

Stat	e/Te	errito	ory*	(e.g.	VIC	, AC1	F)	

Postcode*	

10. 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)

		position	departm/	ent (if ap	piicable)				
									_
									_
ddress/P() Box (e.a.	123.JAN	IES AVENI	IE. or UNI	T 1A 30.IA	MES STR	ET; or PO B	OX 1234)	
	. Don (0.9	20 0/41		, 01 011				0, 1201)	
									_
									_
ity/Suburl	b/Town								
tate or ter	ritory (e.g	I. VIC, AC) /Interna	tional pro	ovince	Postco	de/ZIP		
Country (if	other tha	n Austra	lia)						

SECTION D: Qualification for the profession

In accordance with section 69 of the National Law, to be eligible for limited registration for teaching or research you must demonstrate to the Board that your qualifications are relevant to and suitable for the position. To qualify, you must provide evidence of having been awarded a primary degree in medicine and surgery, after completing an approved course of study at a medical school listed in both the Australian Medical Council directory, at **www.amc.org.au/assessment/list-of-medical-schools** and the World Directory of Medical Schools, at **https://search.wdoms.org**, or other publications approved by the Australian Medical Council and/or the Board. An approved course of study means that you must demonstrate that you have completed a medical curriculum of at least four academic years, leading to an entitlement to registration in the country issuing the degree to practise clinical medicine.

Visit www.medicalboard.gov.au for information on approved qualifications and examinations/assessments that are accepted.

11. What are the details of your degree in medicine?

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

Primary medical degree
Title of qualification
Name of institution (University/College/Examining body)
Country
Start date Completion date
MM / YYYY MM / YYYY
You must attach an original certified copy of your primary medical degree certificate that indicates completion of a course of study leading to a qualification in medicine.

12. Do you have any specialist medical qualifications that are	YES NO
relevant to your application?	Most recent specialist qualification
	Title of qualification
	Awarding body
	Completion date
	You must attach evidence of specialist qualifications.
	Additional specialist qualification
	Title of qualification
	Awarding body
	Completion date
	MMJYYYY
	You must attach evidence of specialist qualifications.
	Attach a separate sheet if all your specialist qualification details do not fit in the space provided.
13. What are the details of your	
internship (or comparable)?	Medical internship (or comparable) Name of hospital or institution
	Country
	Start date Completion date MM / YYYY
	You must attach an original certified copy of a certificate of internship, a letter from a medical registration authority confirming completion of internship, or other relevant documentation that establishes internship completion.
	Attach a separate sheet if all your internship details do not fit in the space provided.

SECTION E: Primary source verification of qualifications



ALTR-30

For your application to be considered, you must have applied to have your qualifications verified through the Educational Commission for Foreign Medical Graduates (ECFMG) Electronic Portfolio of International Credentials (EPIC). The Australian Medical Council (AMC) will provide the verification to the Board.

For more information about the process go to the AMC website www.amc.org.au.

14. What is your AMC candidate number?

AMC ca	ndidate	numbe	r									

SECTION F: Registration history

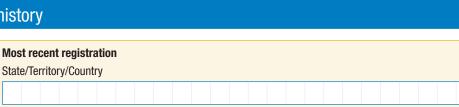
15. What is your health practitioner registration history?



To be eligible for registration you **must** provide evidence of current registration in the overseas locations where you practice.

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

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



Profession Period of registration D /	
 Image: Applicant's applying for registration for a short period to demonstrate a clinical technique or participate in a workshop are only required to arrange for a Certificate of Registration Status or Certificate of Registration Status or Certificate of Registration Status or Certificate of Registration for a short period to demonstrate a clinical technique or participate in a workshop are only required to arrange for a Certificate of Registration Status or Certificate of Good Standing to be sent directly to the Board from the jurisdiction of their most recent practice as a medical practitioner. 	Profession
 Image: Applicant's applying for registration for a short period to demonstrate a clinical technique or participate in a workshop are only required to arrange for a Certificate of Registration Status or Certificate of Registration Status or Certificate of the jurisdiction of their most recent practice as a medical practitioner. 	
 Applicant's applying for registration for a short period to demonstrate a clinical technique or participate in a workshop are only required to arrange for a Certificate of Registration Status or Certificate of Registration Status or Certificate of the jurisdiction of their most recent practice as a medical practitioner. 	Period of registration
 Standing to be forwarded directly from the registration authority to your Ahpra state office. Refer to www.ahpra.gov.au/About-Ahpra/Contact-Us for your Ahpra state office address. Applicant's applying for registration for a short period to demonstrate a clinical technique or participate in a workshop are only required to arrange for a Certificate of Registration Status or Certificate of Good Standing to be sent directly to the Board from the jurisdiction of their most recent practice as a medical practitioner. 	DD / MM / YYYY to DD / MM / YYYY
Additional registration State/Territory/Country	Standing to be forwarded directly from the registration authority to your Ahpra state office.
Additional registration State/Territory/Country	Applicantia applying for registration for a short pariod to demonstrate a clinical
Registration Status or Certificate of Good Standing to be sent directly to the Board from the jurisdiction of their most recent practice as a medical practitioner. Additional registration State/Territory/Country	
the jurisdiction of their most recent practice as a medical practitioner. Additional registration State/Territory/Country	
State/Territory/Country	
State/Territory/Country	
State/Territory/Country	
	-
Profession	State/Territory/Country
Profession	
	Profession

SECTION G: Work history

16. What is your full practice history?

It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history.



Period of registration

You **must** attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.

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



Applicants applying for registration for a short period to demonstrate a clinical procedure or participate in a workshop must also attach at least two professional references as follows:

- A reference from your current or most recent employer which is signed by a Director of Medical Services, or other senior person in authority.
- A reference from a senior colleague in the same field of practice.

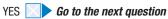
SECTION H: Suitability statements



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

- 17. Do you currently hold registration with the Medical Board of Australia?
- 18. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?



Go to question 23

You are required to:

provide details below, and

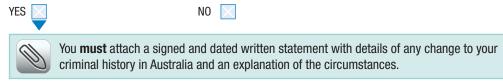
NO **Go to question 20**

NO

YES

YES

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.



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



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

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

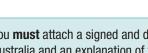
20. Do you have any criminal history in Australia?

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

 Provide details below, then go to question 23
 Country
 Check reference number
 Check reference number
 Oreck reference number does not fit in the space provided.
 Oreck reference page provided by
 the approved vendor.
 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.
 It is important that you have a clear understanding of the definition of criminal history. For more information, see

obtain an international criminal history check from an approved vendor for each country and

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.

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

For more information, see *Criminal history* in th

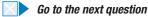
see *Criminal history* in the *Information and definitions* section of this form.

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

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

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

23. Have you previously been registered to practise as a medical practitioner in Australia and have used English as your primary language within the past five years?



NO

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 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 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 detail each of the countries listed and an explanation of the circumstan	-							

Go to the next question

NO

YES

NO

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 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.								

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

I declare I have used English as my primary language within the past five years. Go to question 29

Go to the next question

YES

An evidence requirements guide is available at www.ahpra.gov.au/EnglishLanguageSkills. Recognised country means one of the following countries: Australia New Zealand South Africa United States of America. • Canada Republic of Ireland United Kingdom Extended education pathway Primary language pathway **English language test pathway Combined secondary and tertiary** education pathway You have undertaken and With overseas qualification in a You have achieved the required You have undertaken and satisfactorily completed at least non-recognised country minimum scores in one of the satisfactorily completed: six years' (full time equivalent) English is your primary language approved English language tests at least two years of secondary continuous education taught and and you have undertaken and and meet the requirements for test education that was taught and assessed solely in English, in any satisfactorily completed: results specified in the Board's assessed solely in English in a of the recognised countries, which all of your primary and secondary English language skills registration recognised country, and includes tertiary qualifications in education taught and assessed standard. tertiary qualifications on which the profession on which you are solely in English in a recognised relying to support your eligibility for you are relying to support your country, and eligibility for registration under the registration under the National Law. · tertiary qualifications on which National Law, which were taught you are relying to support your and assessed solely in English in a eligibility for registration under the recognised country. National Law, which were taught and assessed solely in English. 24. Which one of the English Combined secondary and Provide details of secondary and tertiary education in the table below, language competency tertiary education pathway then go to question 29 pathways do you meet? Extended education pathway Ahpra may verify the Provide details of secondary, vocational and tertiary education in the u information you provide below. table below, then go to question 29 For more information, see English Primary language pathway This is a declaration that English is your primary language language skills in the Information Provide details of primary, secondary and tertiary education in the table and definitions section of this form. below, then go to question 29 English language test pathway Go to question 25 I may be exempt from meeting The Board will decide whether you meet the exemption criteria in the standard the English Language skills

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

registration standard

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

Timeframe	Level of education	Program name If applicable	Education institution Specify name and address	Recognis <i>If app</i>	Study status	
Study commenced: Study completed:	Primary Secondary Vocational			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time
Study commenced: Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time
Study commenced: Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time

Go to question 28



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

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

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

ALTR-30	
25. 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 six month period. For more information, refer to the Board's <i>English language skills registration standard</i>. One sitting Provide date of test below, then go to the next question and complete details for one 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/YYYY
	e tests have you successfully completed? e test(s) you are relying on and attach a copy of your test results.
 Test report form number – sitting of The Board requires the IELTS (acadreading, writing and speaking). Occupational English Test (OET) Candidate number – sitting one: - - The Board requires the OET with a Pearson Test of English Academ Registration ID – sitting one: The Board requires the PTE Acade reading, writing and speaking). Test of English as a Foreign Lan Registration number – sitting one: The Board requires the TOEFL iBT speaking. 	A A A A A A A A A A A A A A A A A A A
NZREX PLAB test	est(s) were not completed within the past two years, you must provide a certified copy of your results.
You must provide a certif	ied copy of your English language test results.
27. Were your results from the above-mentioned English language tests obtained in the past two years?	 YES Solution of the second s
	 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.

ALTR-30	
28. Why are you exempt from the English language skills registration standard?	E.g. "I am performing a demonstration in clinical techniques or I am undertaking research that involves limited or no patient contact." The Board will decide whether you meet the exemption criteria in the standard. If not, you will be required to meet one of the pathways.
	Provide reasons for your exemption
	You must attach a separate sheet with additional details that do not fit in the space provided.
29. Do you meet the recency	To meet the standard, medical practitioners must have practised within their scope of practice for a minimum
of practice registration standard?	 total of: four weeks full-time equivalent in one registration period, which is a total of 152 hours, or 12 weeks full-time equivalent over three consecutive registration periods, which is a total of 456 hours. For more information, see <i>Recency of practice</i> in the <i>Information and definitions</i> section of this form.
	YES NO So to the next question
	Mark all options applicable to your application – <i>then go to question 32</i>
	I have practiced a minimum of four weeks full-time equivalent (152 hours) in the last year.
	I have practiced a minimum of 12 weeks full-time equivalent (456 hours) over the last three years.
30. Have you previously practised medicine for more than two	YES So to the next question NO
years? For more information,	Mark all options applicable to your application – <i>then go to question 32</i> I have practiced within the last 12 months.
see <i>Practice</i> in the <i>Information and definitions</i> section of this form.	I have not practiced within the last 12 months.
	You are required to commence work under supervision in a training position approved by the Board. You must attach details of the supervised training position you propose to take up.
31. How long have you been	Choose appropriate option
absent from practise?	Less than one year
	Between one and three years
	You must attach evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice.
	More than three years
	You must attach a plan for professional development and re-entry to practice for consideration by the Board. Refer to information relating to re-entry to practice at www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ
32. Have you changed the scope of your practice in the	YES NO
previous 12 months?	You must attach details, including any relevant training and assessments undertaken for the Board to consider your application.

ALTR-30	
33. Will you be changing your scope of practice since you	YES NO
were last practising?	You must attach details, including any relevant training and assessments undertaken for the Board to consider your application.
34. Do you commit to having appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period?	 The Board requires all applicants for general registration to have appropriate professional indemnity arrangements in place when practising. Applicants unable to meet this requirement are ineligible for registration. For more information, see <i>Professional indemnity insurance</i> in the <i>Information and definitions</i> section of this form. YES NO
35. 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. The CDNA has developed guidance on exposure-prone procedures in <i>Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017</i> 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 <i>Appendix 2</i> of the national guidelines.
36. Do you commit to comply	YES So to the next question NO So to question 37
so. 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
37. Do you have an impairment that detrimentally affects,	For more information, see <i>Impairment</i> in the <i>Information and definitions</i> section of this form.
or is likely to detrimentally affect, your capacity to	YES NO
practise the profession?	You must attach to this application details of any impairments and how they are managed.
38. Is your registration in any profession currently	YES VICE NO
suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?	You must attach to this application details of any registration suspension or cancellation.
39. Have you previously had your registration cancelled, refused	YES VIEW NO
or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?	You must attach to this application details of any cancellation, refusal or suspension.
40. Has your registration ever been subject to conditions,	YES NO
undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?	You must attach to this application details of any conditions, undertakings or limitations.

- 41. 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?
- 42. 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?

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).

pion	
YES 💟	ΝΟ
	You must attach to this application details of any disqualifications.
YES 💟	NO 🔀



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

SECTION I: Position details

43. When is your proposed commencement date?	 On the date of the Board's approval On the below date, or the date of the Board's approval, whichever is the latter 						
	Date						
44. How many months do you require limited registration (maximum of 12 months)?	Months SPECIFY						
45. Will clinical practice be required in the role?	YES NO						
46. What are the details of the position for which limited registration is being sought?	Title of the position/role Question 46 includes a list of required, role-specific, attachments (full list on the next page).						

Question 46 (noted as 46-1 on Checklist)

Applicants demonstrating a clinical technique or participating in a workshop

You **must** attach:

- a position description including:
- key selection criteria addressing clinical responsibilities, and
- qualifications and experience required (this should be obtained from the employer).
- your offer of engagement.

Question 46 (noted as 46-2 on Checklist)



Applicants applying for a teaching role

You **must** attach a position description. The position description must:

- include the key selection criteria
- include the qualifications and experience required for the position (obtained from the employer)
- detail the teaching activities that will be undertaken
- if there is any clinical practice, demonstrate that it is directly related to the teaching role and define the clinical duties and the extent of those duties
- demonstrate that more than 50 percent of your practice is teaching.

Question 46 (noted as 46-3 on Checklist)

Applicants applying for a research role

You **must** attach:

- a research protocol
- a position description. The position description must:
 - include the key selection criteria
 - include the qualifications and experience required for the position (obtained from the employer)
 - detail the research activities that will be undertaken and which must align with your role defined in the research protocol
 - demonstrate that more than 50 per cent of your practice is in research
 - if there is any clinical practice, demonstrate that it is directly related to the research role (as defined in the research protocol) and define the clinical duties and the extent of those duties
- if ethics approval is required:
 - evidence of approval of the research by a Human Research Ethics Committee (HREC) and evidence that your name and
 position has been included in the application for ethics approval, or in an application for ethics approval amendment or
 modification

OR

- if your proposed employer has yet to make an application for ethics approval, written confirmation from your proposed employer that the research project will be submitted for HREC approval including:
 - the name of the HREC that will be considering the application for ethics approval
 - confirmation that your name and position will be included in the HREC application.

If your application for registration is granted, you will be required to provide evidence of ethics approval before renewal of registration can be approved.

- if your research involves clinical trials, you must include:
 - evidence that the clinical trial is registered with the Australian New Zealand Clinical Trials Registry at https://www.anzctr.org.au, or
 - written confirmation from your proposed employer that the clinical trial will be registered with the Australian New Zealand Clinical Trials Registry before recruitment of the first participant.

For more information see the Board's registration for limited registration for teaching or research at https://www. medicalboard.gov.au/Registration-Standards.aspx and the supporting Information sheet: Limited registration for teaching or research – Requirements for applicants applying to work in research positions at https://www.medicalboard.gov.au/ Codes-Guidelines-Policies/FAQ.aspx.

SECTION J: Obligations and consent



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

Obligations of registered health practitioners

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

- 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
 - 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

- 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 authorise Ahpra and the Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application.

I acknowledge that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the Board,
- my personal information will be extracted from this form and provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the Australian Crime Commission Act 2002 (Cth),
- my identity information provided with this application will be enrolled with Ahpra to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

Consent

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

I consent to the Board and Ahpra making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application. I acknowledge that:

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

I undertake to comply with all relevant legislation and Board registration standards, codes and guidelines.

I understand that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law. I understand Ahpra may:

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

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

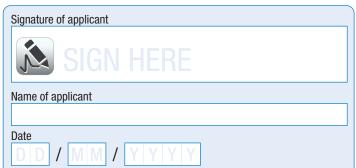
I confirm that I have:

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

I declare that:

- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in this application and in the documents provided.

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.



ART B – To be completed by the applicant and appointed agent (if applicable)

SECTION K: Third party to act on behalf of applicant

NO



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

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



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

ng de	etails.		
I	YES 🔀	Complete applicant authorisation and arrange for agent to complete agent authorisation	

Applicant authorisation

I authorise my agent to (mark one or more as required):

- communicate with the Board on my behalf regarding the processing and progress of my application. (The agent and the Board may communicate by telephone, fax, email or written correspondence)
- undertake any other action reasonably necessary for the processing of my application on my behalf (except signing and lodging applications forms, which must be completed by the applicant), and

receive all formal correspondence from the Board in relation to this application.

Date	Signature of applicant
	SIGN HERE

Agent authorisation

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

PART C – To be completed by the employer or sponsor contact (if not employed)

SECTION L: Employer details

48. What are the details of your employer or sponsor contact?



A contact person in the employing practice (e.g. the name of human resource manager/business manger) or sponsor contact and email must be provided for receipt of correspondence.

Provide employer details below																			
MR 🖂	MRS 📐		ss 🖂	MS	\times	DR	\times		OTHE	R									
Family (leg	jal) name o	of emplo	ying p	ractice	conta	act or s	pons	or co	ntact										
																			٦
First given name																			
Name of e	mploying p	oractice																	
Address/P0	0 Box (e.g.	123 JA	MES A	VENUE	; or U	NIT 1A	, 30 J	AME	S STR	REET; (or PO	BOX	123	4)					
																			٦
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City/Subur	b/Town																		
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	. ,																		
State/Terri	tory (e.g. V	IC, ACI)						Postcode											
Business hours contact phone number							Mobile							_			_		
Email																			
																			_

SECTION M: List of sites

49. What are the names and addresses of all sites of practice for which limited registration is being sought?



Provide the name and address of each site for which limited registration is required to undertake clinical practice.

Board approval does not provide access to a Medicare provider number.

Full name of hospital/practice/clinic										
Site/Building (if applicable)										
Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)										
City/Suburb/Town										
State/Territory (e.g. VIC, ACT)		Postcode	· · · · · · · · · · · · · · · · · · ·							
Phone number										

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ile/	Dul	uni	y (II	aht	ліса	nic)																
ddr	ess	(e.g	J. 12	3 J/	MES	S AVE	ENUE	; or	UNIT	Г 1А,	30	JAM	IES S	STRE	ET)							
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																		J				
hon	ne n	umt	ber																			



Attach a separate sheet of the names and addresses of additional sites that do not fit in the space provided.

SECTION N: Employer or sponsor contact declaration

I declare that the information provided in this document (including supervision and training details) is true and correct. I confirm that the doctor (applicant) named below has been formally offered the position or engagement as described in this application.

Name of applicant	Name of employer or sponsor
D D / M / Y Y Y Y	Signature of employer or sponsor
	SIGN HERE

SECTION 0: Supervisor details

50. What are the details of the principal supervisor?

International medical graduates eligible for limited registration must meet supervision requirements as outlined in the Board's Guidelines - Supervised practice for international medical graduates.

Provide pr	Provide principal supervisor contact details below										
MR 🔀	MRS 🔀	MISS 🔀	MS 🔀	DR 🔀	OTHER	SPECIFY					
Family (leg	al) name						-				
First given	name										
Registratio	n number										
MED											
Position											
	Position Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)										
				,		,,					
City/Suburt)/Town										
State/Territ	ory (e.g. VIC,	ACT)		Po	ostcode						
Business h	ours contact	phone numbe	er	M	obile						
				L							
Email											



- A supervised practice plan, in accordance with the Board's Guidelines Supervised practice for international medical graduates. A detailed supervision plan does not need to be submitted if you are seeking registration for four weeks or less and are demonstrating a clinical technique or participating in a workshop.
- If registration is for more than four weeks, a plan for continuing professional development activities in accordance with the Board's registration standard for continuing professional development.

Refer to Supervised practice plan template at www.medicalboard.gov.au/Registration/ Forms and also to the Guidelines - Supervised practice for international medical graduates available at www.medicalboard.gov.au/Registration/International-Medical-Graduates/ supervision

Applicants who intend to renew registration three or more times must demonstrate satisfactory progress towards meeting the requirements for general or specialist registration. For more information, see the Board's Fact sheet Information on how international medical graduates can demonstrate satisfactory progress towards attaining general or specialist registration available at www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ.

51. Will the applicant be demonstrating a clinical technique or participating in a workshop?



Go to section P: Principal supervisor's undertaking

All clinical contact must be under the supervision or oversight of the nominated principal supervisor.

NO D

You **must** attach a letter from the nominated principal supervisor or a locally registered medical practitioner confirming that they agree to take responsibility for the ongoing care of the applicant's patient(s) when they are no longer practising in Australia.

SECTION P: Principal supervisor's undertaking

I undertake to be the applicant's principal supervisor, to provide supervision in accordance with the Board's Guidelines and to provide a level of supervision as stated in accordance with the Board approved supervision plan and as otherwise determined from time to time by the Board.

I further agree to:

- ensure as far as possible, that the IMG is practising safely and is not placing the public at risk
- observe the IMG's work (or where applicable, delegate the observation of day-to-day work to appropriately qualified co-supervisors), conduct case reviews, periodically conduct performance reviews and address any problems that are identified
- ensure that any term co-supervisors that I appoint that are delegated the day-to-day supervision meet the requirements set in the Board's guidelines (this is only applicable to DMS or DCT (or equivalent) in a hospital setting)
- ensure before I delegate supervision to a temporary co-supervisor, that he/she has general and/or specialist registration and is appropriately
 experienced to provide the supervision
- notify the Board immediately if I have concerns about the IMG's clinical performance, health or conduct or if the IMG fails to comply with conditions, undertakings or requirements of registration
- · ensure that the IMG practises in accordance with work arrangements approved by the Board
- ensure that Board approval has been obtained for any proposed changes to supervision or work arrangements before they are implemented
- inform the Board if I am no longer able or willing to undertake the role of the IMG's supervisor
- provide reports to the Board in a form approved by the Board including an orientation report and a work performance report after three
 months initial registration and work performance reports at renewal or new application or at subsequent intervals as determined by the Board
- complete the online education and assessment module, if not previously completed (login details will be provided after the supervision arrangements have been approved).



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A PART D – To be completed by the applicant

SECTION Q: Payment

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

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



Refund rules

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

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

Credit/Debit card payment slip – please fill out	
Amount payable	Name on card Cardholder's signature SIGN HERE
Effective from: 11 September 2023	Page 25 of 29

SECTION R: Checklist

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

Additional docu	mentation	Attached
Question 1	Evidence of a change of name	\times
Question 4	A certified copy of your foreign passport	\times
Question 5	Certified copies of all documents that provide sufficient evidence of your identity	\times
Question 11	Certified copy of your primary medical degree certificate	\times
Question 11	A separate sheet with your additional qualification details	\times
Question 12	Evidence of your specialist qualifications	\mathbf{X}
Question 12	A separate sheet with additional specialist qualification details	\times
Question 13	Certified copy of your internship certificate	\times
Question 13	A separate sheet with additional internship details	\times
Question 15	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	\times
Question 15	A separate sheet with your additional registration details	\times
Question 16	At least two professional references	\times
<i>Questions 18 & 20</i>	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	\mathbf{X}
<i>Questions</i> 19 & 21	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	\times
<i>Questions</i> 19 & 21	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	\times
Questions 19, 21 & 22	ICHC reference page provided by the approved vendor	\mathbf{X}
Question 22	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	\times
Question 24	A separate sheet with any additional qualification details	\times
Question 24	Transcript(s)/letter(s) from the education provider confirming that your course was taught and assessed solely in English	\times
Question 26	Copy of your English language test results	\times
Question 27	Certified copy of your English language test results	\times
Question 27	Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	\mathbf{X}
Question 28	A separate sheet with additional reasons for your exemption from the English language skills registration standard	\times
Question 30	Details of the supervised training position you propose to take up	\times
Question 31	Evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice	\times
Question 31	A plan for professional development and for re-entry to practice	\times
Question 32	Details of change of scope of practice	$\mathbf{\times}$
Question 33	Details of change of scope of practice	\times
Question 37	A separate sheet with your impairment details	$\mathbf{\times}$
Question 38	A separate sheet with your current suspension or cancellation details	\times
Question 39	A separate sheet with your previous cancellation, refusal or suspension details	\times
Question 40	A separate sheet with your conditions, undertakings or limitations details	\times
Question 41	A separate sheet with your disqualification details	\times
Question 42	A separate sheet with your conduct, performance or health proceedings	\times
Question 46-1	A position description for applicants applying for registration to demonstrate a clinique technique or participate in a workshop	\times
Question 46-1	Your offer of engagement for applicants applying for registration to demonstrate a clinical technique or participate in a workshop	\times

Checklist continues over page...

Checklist continuation:

Additional docu	mentation	Attached
Question 46-2	A position description for your teaching role	\times
Question 46-3	A research protocol for your research role	\times
Question 46-3	A position description for your research role	\times
Question 46-3	Evidence of ethics approval of the research (if required)	\mathbf{X}
Question 46-3	Confirmation from proposed employer that the research project will be submitted for HREC (if required)	\times
Question 46-3	Evidence that the clinical trial is registered with the Australian New Zealand Clinical Trials Registry (if required)	\times
Question 46-3	Confirmation from proposed employer that clinical trial will be registered with the Australian New Zealand Clinical Trials Registry (if required)	
Question 49	A separate sheet with the names and addresses of additional sites	\times
Question 50	A supervised practice plan	\times
Question 50	A plan for continuing professional development	\times
Question 51	Letter from the nominated principal supervisor or a locally registered medical practitioner	\times
Payment		I
	Application fee	\mathbf{X}
	Registration fee	\times

Please post this form with payment and required attachments to:

Ahpra GPO Box 9958 IN YOUR CAPITAL	CITY (refer below)		ntact Ahpra on 95 or you can lodge an enquiry pra.gov.au
Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801

Information and definitions

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

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

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

- have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition
- have appropriate testing and follow up care after potential nonoccupational exposure, with testing frequency related to risk factors for virus acquisition
- cease performing all EPPs if diagnosed with a BBV until the criteria in the 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 exposureprone procedures have additional requirements. They are expected to:

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

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

CERTIFYING DOCUMENTS

DO NOT send original documents 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 initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit **www.ahpra.gov.au/certify**
- 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.

For more information, Ahpra's guidelines for certifying documents can be found online at **www.ahpra.gov.au/certify**

CHANGE OF NAME

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

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

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

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

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

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

CPD must include a range of activities to meet your individual learning needs, including practice-based reflective elements, such as clinical audit, peer-review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning. CPD programs of medical colleges accredited by the Australian Medical Council meet these requirements. Refer to the Board's *Continuing professional development registration standard* for details of the requirements which relate to your situation.

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

CRIMINAL HISTORY

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

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

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made.

The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession.

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

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

CURRICULUM VITAE

Your curriculum vitae must:

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

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

ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence of English language skills that meet the Board's *English language skills registration standard* which can be found at **www.medicalboard.gov.au/Registration-Standards**

IMPAIRMENT

Impairment means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that **detrimentally affects or is likely to detrimentally affect your capacity to practise the profession.** The National Law requires you to declare any such impairments at the time of renewal, including details of the impairment and how it is managed.

PRACTICE

Practice means any role, whether remunerated or not, in which 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 must have PII, or some alternative form of indemnity cover that complies with the Board's standard, for all aspects of your medical practice. Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII - you will need to confirm this with your employer. Medical practitioners are exempt from requiring PII, where the scope of medical practice of an individual medical practitioner does not include the provision of health care or medical opinion in respect of the physical or mental health of any person or where a medical practitioner has statutory exemption from liability or where a medical practitioner is practising exclusively overseas.

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

RECENCY OF PRACTICE

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

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

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

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

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

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

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