



Application to remove reprimand from the National Register

This form is for registrants seeking to have a record of a reprimand removed from the public register.

Deciding an application

In considering an application for removal of a reprimand, the National Board will consider whether any relevant events have occurred in the period of publication of the reprimand. A relevant event is any health, performance or conduct notification action taken against the registrant in relation to an adverse disclosure on renewal of registration, new information returned on a criminal history check, a confirmed breach of restrictions, or where the practitioner has been the subject of action under Part 8 of the Health Practitioner Regulation National Law (the National Law) or its equivalent in a co-regulatory jurisdiction. This includes receipt of any new notification irrespective of whether action was taken.

Applications should address why the National Board should be satisfied that it is no longer necessary or appropriate to record the reprimand on the register.

This application will not be considered unless it is complete, and all supporting documentation has been provided.

Privacy and confidentiality

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

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

Symbols in this form



Additional information

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



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.

Completing this form

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



The information in this section marked with an asterisk (*) appears on the public register.

1. What is your name and date of birth?

Title*	MR <input type="checkbox"/>	MRS <input type="checkbox"/>	MISS <input type="checkbox"/>	MS <input type="checkbox"/>	DR <input type="checkbox"/>	OTHER	<input type="text" value="SPECIFY"/>
Family name*							
<input type="text"/>							
First given name*							
<input type="text"/>							
Middle name(s)*							
<input type="text"/>							
Previous names known by (e.g. maiden name)							
<input type="text"/>							
Date of birth	<input type="text" value="DD"/>	/	<input type="text" value="MM"/>	/	<input type="text" value="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 National Board. For more information, see *Change of name* in the *Information and definitions* section of this form.



2. What is your profession and registration number?

Profession

Registration number

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SECTION B: Proof of identity



Checking your identity with InstalD+

Everyone applying for the removal of a reprimand must go through an identity check. We do this using InstalD+, a secure independent provider. If you have completed this identity check for Ahpra using InstalD+, within the past five years, you do not need to complete it again. We will have your current identity check on record. If you are not sure whether you have completed a valid identity check for Ahpra within the past five years, please make an [online enquiry](#) to confirm.

If you are required to go through a new identity check, after you submit your application to remove a reprimand, InstalD+ will email you a secure link to complete your proof of identity check online.

It can take up to 48 hours for your link to come from InstalD+. Please check your junk or spam folder.

If you do not complete the identity check, we cannot progress your application.

You can do the proof of identity check from your desktop with a web camera or using your mobile phone.

As part of the check, you'll be asked to take a selfie photo of your face with your photo ID and take photos of your identity documents. If you have changed your name, you will also need to provide evidence of this.

InstalD+ will check your documents in real-time for authenticity and tampering. Facial recognition and liveness test are completed, and your identity details are checked for validity against the databases held by the authorities that issued your documents.

If there are any follow up questions needed for your identity check, InstalD+ Customer Support will contact you directly.

If you do not receive your link after 48 hours, **please check your junk or spam folder**. If it's not there, please contact us by making an [online enquiry](#). This is the best way to request a new link. Please do not contact InstalD+, they cannot send you a new link.

Before you start your proof of identity check with InstalD+, make sure you have the right identity documents ready. You can find which documents you can use in the "Applying for registration" sections at the bottom of the [Proof of identity](#) page.

SECTION C: Contact information

3. Have you confirmed your contact details held by Ahpra are correct?



You can check or updated your contact details through *Online Services* available on the Ahpra website at www.ahpra.gov.au/Login.

YES ☒

I have confirmed that my contact details held by Ahpra are correct.

Go to the next question

NO ☒



You **must** confirm your contact details held by Ahpra are correct before proceeding with this form.

You can check or update your contact details through *Online Services* available on the Ahpra website at www.ahpra.gov.au/Login

SECTION D: Details of reprimand

4. What are the details of your reprimand in the National Register?

Name of imposing panel, tribunal or adjudication body

Date of reprimand

D	D	/	M	M	/	Y	Y	Y	Y
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Details of reprimand



SECTION E: Submission



You **must** attach a submission outlining why the reprimand should be removed from the national register. The submission should refer to:

- the reasons for the decision to reprimand, and
- how you have altered your practice or conduct since the decision to reprimand.

The submission should address why the Board should be satisfied that it is no longer necessary or appropriate to record the reprimand on the register.

Where a panel, NSW committee, tribunal or court has recommended a publication period or end date, you may include that recommendation in support of your application.

SECTION F: Details of events



You must disclose all known events and all relevant events not previously disclosed to Ahpra. This application will not be considered unless it is complete and all supporting documentation has been provided. An audit of statements and disclosures made on registration applications and renewals since the date of the reprimand will be undertaken.

5. Have you been in the period of publication of the reprimand, 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?



Conduct, performance or health proceedings include disqualification from registration, suspension or cancellation, or other restrictions imposed on your registration.

YES ☐

NO ☐



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

- notification or complaint number
- name of the organisation managing the complaint (if the complaint is not managed by Ahpra)
- details of the complaint, and
- outcome of the complaint (if known).

6. Since your last declaration to Ahpra, on renewal of registration or registration application, has there been any change to your criminal history in Australia that you have not declared to Ahpra?



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.

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

NO ☐ **Go to the next question**

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.



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

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 details of any change to your criminal history in each of the countries listed and an explanation of the circumstances.



8. During the period of publication of the reprimand, 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 ☐



You **must** attach a signed and dated written statement with details of any change to your right to practise and an explanation of the circumstances.

9. During the period of publication of the reprimand, have:

YES ☐

NO ☐



You **must** attach a signed and dated written statement with details of any change to your billing privileges and an explanation of the circumstances.

- your billing privileges been withdrawn or restricted under the *Human Services (Medicare) Act 1973 (Cth)*, or
- restrictions been placed on your prescribing right under the *National Health Act 1953* because of your conduct, professional performance or health?

SECTION G: 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.

Consent to nationally coordinated criminal history check

I authorise Ahpra and the National 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 National 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
- Ahpra may check my criminal history at any time during my period of registration as required by the National 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 Public Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

Consent

I consent to the National 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 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 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 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 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.

I confirm that I have read the privacy and confidentiality statement for this form.

I consent to my personal details and information being checked by a third party system to verify and confirm my identity.

I declare that:

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

I make this declaration in the knowledge that a false statement is grounds for the National Board to take regulatory action.

Signature of registrant



SIGN HERE

Name of registrant

Date

/ /



Information and definitions

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 National 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 registration standard online at

www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history

**Please email this form with
all required attachments to:**

Ahpra Compliance Coordination Team
ComplianceCoordination@ahpra.gov.au

You may contact Ahpra on 1300 419 495 or you
can lodge an enquiry at **www.ahpra.gov.au**



In the email subject line, please include your family name, first given name and registration number.
e.g. CITIZEN, John, MED0001234567