



Application to remove reprimand from the National Register

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

Circumstances where an application to remove the reprimand is not required

Where a performance or professional standards panel (panel), professional standards committee (NSW committee), tribunal or court has specified a publication end date, practitioners are not required to apply for the reprimand to be removed. The reprimand will be removed from the register on the date specified by the panel, NSW committee or tribunal or court.

This form may be used in the following circumstances where an application to remove the reprimand is required:

Where a performance or professional standards panel (panel), professional standards committee (NSW committee), tribunal or court has not specified a publication end date, or where the reprimand was imposed under previous legislation, practitioners may apply for the reprimand to be removed.

Applications received prior to five years from the date of publication of the reprimand should address why the Board should be satisfied that it is no longer necessary or appropriate to record the reprimand on the 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 National Law or its equivalent in a co-regulatory jurisdiction. This includes receipt of any new notification irrespective of whether action was taken.

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

Privacy and confidentiality

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

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

Symbols in this form



Additional information

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



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents 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 items in this section of the application marked with an asterisk (*) appear on the public register.

1. What is your name and date of birth?

Title* MR MRS MISS MS DR OTHER


Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth / /

 If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board. For more information, see *Change of name* in the *Information and definitions* section of this form.

2. What is your profession and registration number?

Profession

Registration number

SECTION B: Proof of identity



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

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.

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

YES

NO [Go to the next question](#)



If you are applying 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.

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
- 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.



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

You **must** only use each 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.

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

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



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

SECTION C: Contact information

5. 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

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

Name of imposing panel, tribunal or adjudication body

Date of reprimand
 / /

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.

SECTION F: Details of events

i 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.

7. Have you been in the preceding five years, 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).

8. 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.



9. 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.

i 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.

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

YES

NO

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.

11. During the preceding five year period of your registration, have:

YES

NO

- 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?

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



SECTION H: 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 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
- 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

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

I declare that:

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

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

Name of applicant	Signature of applicant
<input type="text"/>	
Date	
<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	



Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

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

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer
- any documents containing a photograph (e.g. passport) must be certified by an Authorised Officer with the statement 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me,' 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.

Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx

CHANGE OF NAME

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

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

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

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 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