



Renewal of provisional registration

Profession: Medical radiation practice

Part 7 Division 9 of the Health Practitioner Regulation National Law (the National Law)

Renewal of your registration

This form is for the renewal of your current provisional registration in two or more of the following divisions:

- diagnostic radiography
- radiation therapy, and/or
- nuclear medicine technology.

This form is for renewal of existing registration under the currently endorsed registration circumstances.

You must provide written notice to the Medical Radiation Practice Board of Australia (the Board) within 30 days of any change to either your principal place of practice, or the address the Board should use for correspondence. You can change these details using this form, or via your secure login at www.ahpra.gov.au/login

If you wish to make other changes, please visit the Australian Health Practitioner Regulation Agency (Ahpra) website and download the appropriate form: www.ahpra.gov.au/Common-Forms.aspx

Please read, complete and return this form with the prescribed payment amount(s) to Ahpra. Contact details can be found at the end of this form.

Decision process

The Board will make a decision on your application. If your application for renewal meets the requirements of Section 107 of the National Law, your current registration will continue until the Board's decision is made.

A valid application for renewal is one that:

- is received no later than one month after the expiry date, uses the correct Board approved form and all parts of the form are completed
- is accompanied by the correct renewal fee and, where applicable, the correct late payment fee
- is accompanied by any other information required by the Board.

Refer to section 107 of the National Law for full details of the requirements of application for renewal.

If you fail to submit your application with payment in full within 30 days of the expiry date above, your registration will expire and you will not be able to practise the profession in Australia.

To resume practice you will need to apply for registration by completing a new application form. To download the correct form please visit www.medicalradiationpracticeboard.gov.au/registration/forms

Privacy and confidentiality

The information collected in this form:

- is required by the National Law to see if you are eligible for renewal of registration, and to maintain the public register of practitioners on the Internet
- will be used to manage your registration (including your compliance with the National Law), and
- may be used for the proper operation of the National Law (e.g. for research relevant to the Law).





If you do not provide the required information, you may not be granted renewal.

The Board and Ahpra may:

- ask other people (such as government agencies and health authorities) for information relevant to your application, such as identification, criminal record, work history and immigration status, and
- disclose your information to such people where this is required or permitted by the law (e.g. to advise of your registration status, or where the information is required for a health regulator to perform its functions). Note: the health regulators we may disclose your information to may be overseas, if for example you have an international practice.


Ahpra may also verify your registration details, including your date of birth and address, to other people (such as prospective employers) who disclose that information to Ahpra to confirm your identity. Ahpra will only do this where the person seeking verification has given a legal undertaking they have your consent to this verification. The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). 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. The policy can be accessed at <https://www.ahpra.gov.au/About-Ahpra/Privacy.aspx>

Symbols in this form

-  **Additional information**
Provides specific information about a question or section of the form.
-  **Attention**
Highlights important information about the form.
-  **Attach document(s) to this form**
Processing cannot occur until all required documents are received.
-  **Signature required**
Requests appropriate parties to sign the form where indicated.

Completing this form

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

 Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.



Use of this form to renew multiple registrations

This renewal form is for renewal by medical radiation practitioners who have multiple divisions of registration with the Board in:

- diagnostic radiography
- radiation therapy, and/or
- nuclear medicine technology.

SECTION B: Mandatory – Annual statements contains a number of questions that apply to each registration you are renewing. Each of these questions is asked only once, however you **must** respond separately for each of the divisions you wish to renew. Please refer to the examples below.

Example 1

Renewing diagnostic radiography, radiation therapy and nuclear medicine technology

B3. Do you meet the Board's recency of practice requirements?

Information: You **must** answer for all divisions that you are renewing. For more information, see *Recency of Practice* in the *Information and definitions* section of this form.

Diagnostic radiography

YES Provide details of why the recency of practice requirements have not been met

NO

Radiation therapy

YES Provide details of why the recency of practice requirements have not been met

NO *I have only been practising as a radiation therapist for the past two years*

Nuclear medicine technology

YES Provide details of why the recency of practice requirements have not been met

NO

Example 1

If you are renewing your registration in diagnostic radiography, radiation therapy and nuclear medicine technology, all answer boxes are applicable. Therefore you **must** independently mark each YES/NO checkbox for diagnostic radiography, radiation therapy and nuclear medicine technology, and provide further information if applicable.

Example 2

Renewing diagnostic radiography and nuclear medicine technology

B3. Do you meet the Board's recency of practice requirements?

Information: You **must** answer for all divisions that you are renewing. For more information, see *Recency of Practice* in the *Information and definitions* section of this form.

Diagnostic radiography

YES Provide details of why the recency of practice requirements have not been met

NO

Radiation therapy

YES Provide details of why the recency of practice requirements have not been met

NO

Nuclear medicine technology

YES Provide details of why the recency of practice requirements have not been met

NO

Example 2

If you are renewing your registration in diagnostic radiography and nuclear medicine technology, the answer box for radiation therapy may be left blank as it does not apply to your renewal. However, you **must** independently mark each YES/NO checkbox for diagnostic radiography and nuclear medicine technology, and provide further information if applicable.



Information and definitions

The Board's registration standards define the requirements that applicants, registrants or students need to meet to be registered. These can be found at www.medicalradiationpracticeboard.gov.au/registration-standards

CERTIFYING DOCUMENTS

DO NOT send original documents.

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

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx

CRIMINAL HISTORY

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

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

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The Board will decide whether your criminal history is relevant to the practice of your profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. But if you have not given us certified proof of identity documents since October 2019, you will need to do this first.

Any document containing a photograph must be annotated with the statement 'I certify that this a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'

You may be required to obtain international criminal history reports.

For more information, view the full registration standard online at www.medicalradiationpracticeboard.gov.au/registration-standards and the requirements for supplying proof of identity and certified documents at www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity and www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents

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)'
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

For practitioners returning to practice after a period of absence between three and five years, you must detail the level of CPD undertaken during the period of absence. 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

IMPAIRMENT

The National Law defines impairment as 'a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession'.

An illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples you do not need to tell us about include:

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan.

The National Law requires you to declare any such impairments at the time of renewal, including details of the impairment and how it is managed.

PRACTICE

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

PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise as a medical radiation practitioner in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard. Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII – you will need to confirm this with your employer.

For more information, view the full registration standard online at www.medicalradiationpracticeboard.gov.au/registration-standards

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 of conduct and policies.

Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point



3 above.

Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event.
- Relevant event* means—
- a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
 - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
 - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
 - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
 - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
 - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
 - g) a complaint is made about the practitioner to the following entities—
 - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
 - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
 - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
 - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
 - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
 - h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
- a) a change in the practitioner's principal place of practice;
 - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
 - c) a change in the practitioner's name.

Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
- a) information about whether the practitioner is employed by another entity;
 - b) if the practitioner is employed by another entity—
 - (i) the name of the practitioner's employer; and
 - (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.



Renewal of provisional registration form

Profession: **Medical radiation practice**

SECTION A: Registration details and cultural identity

Your current registration details: (e.g. Profession, Registration type, Registration sub type, Division, Specialist)

A1. Do you wish to renew all of your current registrations in diagnostic radiography, radiation therapy or nuclear medicine technology?



PLEASE ENSURE THAT YOU READ THE FOLLOWING OPTIONS CAREFULLY, AS SELECTING THE INCORRECT OPTION MAY CAUSE ONE OR MORE OF YOUR REGISTRATIONS TO LAPSE



I wish to **RENEW ALL** of my registrations

Go to question A3 and

- *complete the rest of this form, then*
- *return ALL pages to Ahpra.*



I **DO NOT WISH TO RENEW ANY** of my registrations

You must:

- *complete ONLY question A2, and*
- *return ONLY this page to Ahpra.*



I wish to **RENEW SOME** of my registrations.

You must:

- *go to question A2, and*
- *complete ALL parts of this form, then*
- *return ALL pages to Ahpra.*



This form is for renewal of your current category of registration only. If you are now eligible to apply for general registration, you must go to www.medicalradiationpracticeboard.gov.au/Registration/Forms and download the appropriate application form.

A2. Which of your registrations do you wish to not renew?

Please mark all options that are applicable below

- I **DO NOT WISH TO RENEW** my registration in **diagnostic radiography**
- I **DO NOT WISH TO RENEW** my registration in **radiation therapy**
- I **DO NOT WISH TO RENEW** my registration in **nuclear medicine technology**

You must read and sign the statement below

- I am the person named in this document and **choose not to renew** my registration(s), as marked above.
- I understand that by not renewing my registration(s) I will no longer be able to practise the profession(s) in Australia after the expiry date on the front of this form.
- I understand that once my registration(s) expires any endorsements, conditions and notations related to the associated registration will also expire.

Name of registrant

Signature of registrant

SIGN HERE

Date

 / /


IF YOU WISH TO RENEW SOME OF YOUR REGISTRATIONS, GO TO QUESTION A3. If you are not renewing ANY registrations, please return this page to Ahpra at the address below.



Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload. You may contact Ahpra on 1300 419 495



A3. What is your name?

Title MR MRS MISS MS DR OTHER

Family name

First given name

Middle name(s)

A4. What is your registration number?

Registration number

A5. What are your birth details?

Date of birth / / Country of birth

City/Town/Community of birth State/Territory/Province of birth

A6. Are you of Aboriginal or Torres Strait Islander origin?

The [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy](#) aims to make patient safety for Aboriginal and Torres Strait Islander Peoples the norm. We strive to embed cultural safety in the ways we work. Your response to this question will help us do this and help us develop better ways of working to support this goal.

YES NO

Mark all applicable options

Aboriginal Both Aboriginal and Torres Strait Islander

Torres Strait Islander Prefer not to say

Contact information

You can change your contact information at any time.
Please go to www.ahpra.gov.au/login to change your contact details using your online account.

A7. Do you need to update your contact details?

YES NO

If your contact details have changed in the last 12 months, you should tell us about it here.

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

Business hours Mobile

After hours

Email



A8. Do you need to update your residential address?

YES

NO



If your residential address has changed in the last 12 months, you should tell us about it here.

Provide your current residential address below

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

Three empty text input fields for site/building and/or position/department.

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

Four empty text input fields for the address.

City/Suburb/Town

One empty text input field for city/suburb/town.

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

One empty text input field for state or territory.

Postcode/ZIP

One empty text input field for postcode/zip.

Country (if other than Australia)

One empty text input field for country.



Principal place of practice

If you need to change the address for your principal place of practice you must submit a [Supervised practice plan template – SPPA-00](#). As you hold provisional registration, you are unable to commence employment in a location other than those currently listed on your registration until your application has been approved.

A9. Do you need to update your mailing address?

YES

NO



If your mailing address changed in the last 12 months, you should tell us about it here. It's important that your contact details are up to date so that you comply with your legislative requirements and we can contact you if we need to.

Provide your current mailing address below

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

Three empty text input fields for site/building and/or position/department.

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Four empty text input fields for the address/PO box.

City/Suburb/Town

One empty text input field for city/suburb/town.

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

One empty text input field for state or territory.

Postcode/ZIP

One empty text input field for postcode/zip.

Country (if other than Australia)

One empty text input field for country.



SECTION B: Mandatory – annual statements

i In accordance with section 109 of the National Law, the following questions **must** be answered for Ahpra to assess your renewal. It is important that you refer to the Board’s registration standards when completing this form. This information can be found at **www.medicalradiationpracticeboard.gov.au/registration-standards**

Audits of these annual statements will be conducted by the Board to verify compliance with the registration standards. The standards provide information on the types evidence the Board expects registrants to maintain for the purposes of the audit.

B1. Since your last declaration to Ahpra, 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 on page two of this form.

YES

NO **Go to the next question**



You **must**:

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

In order for a nationally coordinated criminal history check to be conducted by Ahpra and the National Board for the purpose of assessing this renewal of registration you must supply certified copies of your proof of identity documents. Refer to **www.ahpra.gov.au/identity** for further information.

B2. 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?

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.**



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**

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.



B3. In the previous registration period, did you meet the Board's registration standard for professional indemnity insurance arrangements?

You **must** answer for all divisions that you are renewing.

For more information, see *Professional indemnity insurance* in the *Information and definitions* section on page three of this form.

Diagnostic radiography

YES

NO

Provide details of why you have not met the Board's PII arrangements registration standard

Form area with horizontal dashed lines for text entry.

Radiation therapy

YES

NO

Provide details of why you have not met the Board's PII arrangements registration standard

Form area with horizontal dashed lines for text entry.

Nuclear medicine technology

YES

NO

Provide details of why you have not met the Board's PII arrangements registration standard

Form area with horizontal dashed lines for text entry.



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

B4. Do you commit to meet the Board's registration standard for professional indemnity insurance arrangements?

You **must** answer for all divisions that you are renewing.

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

For more information, see *Professional indemnity insurance* in the *Information and definitions* section on page three of this form.

Diagnostic radiography

YES

NO

Provide details of why you do not commit to the Board's PII arrangements registration standard

Form area with horizontal dashed lines for text entry.

Radiation therapy

YES

NO

Provide details of why you do not commit to the Board's PII arrangements registration standard

Form area with horizontal dashed lines for text entry.

Nuclear medicine technology

YES

NO

Provide details of why you do not commit to the Board's PII arrangements registration standard

Form area with horizontal dashed lines for text entry.



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



B5. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?

You **must** answer for all divisions that you are renewing.

For more information, see *Impairment* in the *Information and definitions* section on page three of this form.

Diagnostic radiography

- YES
- NO

Provide details of your impairment below, detailing any treatment plan or medical documentation

Form area for B5 Diagnostic radiography with horizontal lines.

Radiation therapy

- YES
- NO

Provide details of your impairment below, detailing any treatment plan or medical documentation

Form area for B5 Radiation therapy with horizontal lines.

Nuclear medicine technology

- YES
- NO

Provide details of your impairment below, detailing any treatment plan or medical documentation

Form area for B5 Nuclear medicine technology with horizontal lines.



You **must** attach additional details of any impairments, including treatment plan and medical certificate/documentation, that does not fit in the spaces provided.

B6. During your preceding period of registration, has your right to practise at a hospital or another facility at which health services are provided been withdrawn or restricted because of your conduct, professional performance or health?

You **must** answer for all divisions that you are renewing.

Diagnostic radiography

- YES
- NO

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

Form area for B6 Diagnostic radiography with horizontal lines.

Radiation therapy

- YES
- NO

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

Form area for B6 Radiation therapy with horizontal lines.

Nuclear medicine technology

- YES
- NO

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

Form area for B6 Nuclear medicine technology with horizontal lines.



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



B7. During your preceding period of registration, have you been disqualified or subject to a final determination under the *Health Insurance Act 1973 (Cth)* because of your conduct, professional performance or health?



You must answer this question for the registrations that you are renewing.

Answer no if:

- your billing privileges have not been disqualified or subject to a final determination under the Health Insurance Act 1973 (Cth),
- it is not relevant to you,
- you are prohibited from disclosing it under the Health Insurance Act 1973 (Cth).

Diagnostic radiography

- YES
- NO

Provide details in the text box below. You can also upload any extra material after your renewal has been finalised through the online upload portal here.

Text box for providing details regarding diagnostic radiography.

Radiation therapy

- YES
- NO

Provide details in the text box below. You can also upload any extra material after your renewal has been finalised through the online upload portal here.

Text box for providing details regarding radiation therapy.

Nuclear medicine technology

- YES
- NO

Provide details in the text box below. You can also upload any extra material after your renewal has been finalised through the online upload portal here.

Text box for providing details regarding nuclear medicine technology.



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

B8. Have you previously disclosed to Ahpra all known complaints made about you to:

- a registration authority; or
- another entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners (in Australia or elsewhere)?



'Complaints' refers to matters other than those made since 1 July 2012, under the National Law and already reported to Ahpra. **If you are not aware of any complaints made about you please select N/A.**

N/A

I am not aware of any complaints

YES

I have already disclosed all known complaints

NO

I do need to declare a complaint



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



SECTION C: Provisional registration requirements

i It is important that you refer to the Board’s registration standards, codes and guidelines when completing this section. These can be found online at www.medicalradiationpracticeboard.gov.au

The Board cannot renew provisional registration more than twice under the National Law. However, a new application for provisional registration can be made. This renewal applies only to the position and circumstances of registration as previously approved by the Board. A separate application must be made for any change to the circumstances of the registration.

C1. Have you complied with your Board approved supervised practice plan?

i You **must** answer for all divisions that you are renewing.

Diagnostic radiography

YES

NO

Provide details of why you have not complied with your supervised practice plan

Four horizontal dashed lines for text entry.

Radiation therapy

YES

NO

Provide details of why you have not complied with your supervised practice plan

Four horizontal dashed lines for text entry.

Nuclear medicine technology

YES

NO

Provide details of why you have not complied with your supervised practice plan


Four horizontal dashed lines for text entry.



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



C2. Have you made progress towards meeting the requirements for general registration?

 You **must** answer for all divisions that you are renewing.

Diagnostic radiography

YES



You **must** attach a statement signed by your employer about progress made (e.g. rotations completed or underway).

NO

Provide details of your circumstances below

Form area with horizontal dashed lines for providing details of circumstances.

Radiation therapy

YES



You **must** attach a statement signed by your employer about progress made (e.g. rotations completed or underway).

NO

Provide details of your circumstances below

Form area with horizontal dashed lines for providing details of circumstances.

Nuclear medicine technology

YES



You **must** attach a statement signed by your employer about progress made (e.g. rotations completed or underway).

NO

Provide details of your circumstances below

Form area with horizontal dashed lines for providing details of circumstances.



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



SECTION D: Consent and declaration



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

Applicant's consent and declaration – *To be completed and signed by the applicant*

Consent to nationally coordinated criminal history check

I consent to Ahpra and the National Board, at any time during the next 12 months, obtaining a written report about my criminal history through a nationally coordinated criminal history check. I acknowledge that:

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the National Board
- my personal information currently held by Ahpra and from this form will be provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the Australian Crime Commission Act 2002 (Cth)
- my identity information provided with this application will be enrolled with Ahpra and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about my criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that I provide when requested at any time during the next 12 months, as evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:
 - a) checking a statement made by me in this application for renewal,
 - b) an audit carried out by the National Board,
 - c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or
 - d) considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

Declaration

I **declare** that:

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

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I **acknowledge** that:

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

I **undertake** to comply with the 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.

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



Employer's declaration – *To be completed and signed by the employer*

D1. Please provide contact details for a contact person within your organisation:

Title
MR MRS MISS MS DR OTHER

First given name

Family name

Position


Business phone

Email

I declare that the information provided in *Section C: Provisional registration requirements* of this document is true and correct.
I confirm that the registrant will continue to undertake the position as previously approved by the Board and in accordance with any requirements set by the Board.

Name of employer

Date / /

Signature of employer 



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SECTION E: Payment

Renewal fee

You are required to pay a renewal fee. Use the table below to select your renewal fee based on your principal place of practice.

Late fee

You are required to pay a late fee if your renewal is received by Ahpra **within** one calendar month **after** your registration expiry date. Applications will not be accepted more than one month after your registration expiry date. If you post this form, please allow enough time for your application to reach Ahpra.

Which fee applies to me?

If this renewal is received by Ahpra **on** or **before** your registration expiry date, the required payment amount is:

OR

If this renewal is received by Ahpra **within** one calendar month **after** your registration expiry date, the required payment for late renewal is:

Payment amount:	
\$ INSERT FEE	
Renewal fee	\$215
Renewal fee for NSW registrants	\$170

Late payment amount:	
\$ INSERT FEE	
Renewal fee	\$215
Renewal fee for NSW registrants	\$170
Late payment fee	\$30

Please allow enough time for your application to reach Ahpra.

E1. Please complete the credit/debit card payment slip below.

Credit/Debit card payment slip – please fill out

Amount payable

Visa or Mastercard number

Expiry date

Name on card

Cardholder's signature


SIGN HERE



SECTION F: Checklist

Have the following items been attached or arranged if required?

<i>Additional documentation</i>		Attached
Question B1	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Question B1	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question B2	A separate sheet of overseas countries and corresponding ICHC reference number	<input type="checkbox"/>
Question B2	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question B2	A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances	<input type="checkbox"/>
Question B3	A separate sheet with details of why you have not met PII requirements	<input type="checkbox"/>
Question B4	A separate sheet with details of why you do not commit to practise the profession in Australia in accordance with the requirements of the Board's <i>PII arrangements registration standard</i>	<input type="checkbox"/>
Question B5	A separate sheet with your impairment details	<input type="checkbox"/>
Question B6	A separate sheet with details of the withdrawal or restriction of your right to practise	<input type="checkbox"/>
Question B7	A separate sheet with details of the withdrawal or restriction of your billing privileges	<input type="checkbox"/>
Question B8	A separate sheet with details of all known complaints made about you	<input type="checkbox"/>
Question C1	A separate sheet with details of why you have not complied with your supervised practice plan	<input type="checkbox"/>
Question C2	A statement signed by your employer about progress you have made	<input type="checkbox"/>
Question C2	A separate sheet with details on why you have not made progress towards meeting the requirements for general registration	<input type="checkbox"/>
Payment		
	Renewal fee	<input type="checkbox"/>
	Late fee	<input type="checkbox"/>



Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload.
You may contact Ahpra on 1300 419 495