



Renewal of provisional registration

Profession: Medical

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

Renewal of your registration

This form is for renewal of your current provisional registration only.

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

Return of a renewal form for provisional registration will only be required if you will not be expected to meet the requirements to apply for general registration before your current expiry date.

If you will meet the eligibility requirements to apply for general registration, please refer to the Medical Board of Australia (the Board) website for information on how to apply for general registration.

You must provide written notice to the Board within 30 days of any change to either your principal place of practice, or the address the Board should use to correspond with you.

You can use this form to change these details. You cannot make changes to other personal or registration details using this form.

INTERNATIONAL MEDICAL GRADUATES

A request for variation to the registration circumstances previously approved by the Board may be made by submitting the form *Request for change in circumstances – ACCL-30*. You should submit your completed ACCL-30 form with your renewal of registration by the due date to ensure that you are eligible to continue to practise while the Board considers your request for a change to your registration circumstances.

Please be aware you must not practise in any role or undertake any clinical activities that have not been approved by the Board.

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.

All pages of this form must be returned to Ahpra.

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; please visit www.medicalboard.gov.au/Registration/Forms to download the correct form.

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 online at www.medicalboard.gov.au/Registration-Standards

Tips about completing your renewal and frequently asked questions, can be found online at www.medicalboard.gov.au/Registration/Registration-Renewal

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 pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: **X**



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



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 non-occupational 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 exposure-prone 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 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-healthcare-workers-on-managing-bloodborne-viruses>

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

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 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 is 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.medicalboard.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

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 impairments at the time of renewal. If you have an impairment, you will need to provide 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



REGENCY 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

Obligations of registered health practitioners

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

Continuing professional development

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

Professional indemnity insurance arrangements

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

Notice of certain events

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

- Read and **complete all questions**
- It is important that **all pages** and required **attachments** are returned to Ahpra
- Use a **black** or **blue** pen only
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: **X**

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 your registration?



PLEASE ENSURE THAT YOU READ THE FOLLOWING OPTIONS CAREFULLY, AS SELECTING THE INCORRECT OPTION MAY CAUSE YOUR REGISTRATION TO LAPSE



I wish to **RENEW** my registration



I **DO NOT WISH TO RENEW** my registration

Go to question A3 and

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

You must:

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

A2. You must read and sign the statement below:

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

Name of registrant

Signature of registrant



SIGN HERE

Date

DD / MM / YYYY



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

☐ Torres Strait Islander

☐ Both Aboriginal and Torres Strait Islander

☐ Prefer not to say


Contact information

Once registered, 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

NO ☐

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

[illegible][illegible][illegible][illegible]

YES ☐

NO ☐

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

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.

[illegible][illegible][illegible]

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International medical graduates: If your principal place of practice has changed you are required to submit with your renewal of registration the form *Request for change in circumstances for medical practitioners with limited or provisional registration – ACCL-30*.

Australian and New Zealand graduates not undertaking an accredited internship

If you need to change your principal place of practice you must submit a [Supervision practice plan template](#).

As you hold limited registration, you are unable to commence employment in a location other than those currently listed on your registration until your application has been approved.

NO ☐

[illegible]



B3. If your registration is renewed, do you commit to comply with *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*?



As a health practitioner you **must** 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*. Please review the guidelines and confirm you will comply with them.

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.

For more information, see *Information and definitions* on page two of this form.

YES ☐

NO ☐

B4. Do you meet the Board's recency of practice requirements?

YES ☐

NO ☐



Note that the requirements for *Recency of practice* changed on 1 October 2016. For more information, see *Recency of Practice* in the *Information and definitions* section on page two of this form.

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



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

B5. During your preceding period of registration, have you met the Board's continuing professional development (CPD) requirements?



For more information, see *Continuing professional development* in the *Information and definitions* section on page two of this form. FAQs on CPD for international medical graduates (IMG) are available at www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ

YES ☐

NO ☐

Provide details of CPD you have undertaken and why the CPD requirements have not been met



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

B6. During your preceding period of registration, have you practised in accordance with the requirements of the Board's *Professional indemnity insurance (PII) arrangements registration standard* when practising the profession in Australia?

YES ☐

NO ☐



For more information, see *Professional Indemnity Insurance* in the *Information and definitions* section on page two of this form.

Provide details of your circumstances below



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



B7. If your registration is renewed, do you commit to practise in accordance with the requirements of the Board's *Professional indemnity insurance arrangements registration standard* when practising the profession in Australia?

YES ☐NO ☒

For more information, see *Professional Indemnity Insurance* in the *Information and definitions* section on page two of this form.

Provide details of your circumstances below



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

B8. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?

YES ☒NO ☐

For the definition of impairment, see *Impairment* in the *Information and definitions* section on page two of this form.

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



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

B9. 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.

B10. 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.



B11. During your preceding period of registration, has your right to practise at a hospital or another facility at which health services are provided been withdrawn or restricted because of your conduct, professional performance or health?

YES ☐

NO ☐

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



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

B12. 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?



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).

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.



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

B13. 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 2010, 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 need to declare one or more complaints



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



It is important that you refer to the Board's registration standards when completing this form. This information can be found at www.medicalboard.gov.au/Registration-Standards

The Board can not renew provisional registration more than twice under the National Law. However, a new application for provisional registration can be made.

C1. Do you hold provisional registration as an Australian Medical Council (AMC) certificate holder?

YES ☐

Go to question C3

NO ☐

Go to the next question

C2. Do you hold provisional registration via the competent authority pathway?

YES ☐

Go to the next question

NO ☐

Go to question C5



C3. Have you complied with your supervised practice plan as previously approved by the Board?

YES ☐NO ☒

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



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

C4. Have you completed a work performance report for the last 12 months which is signed by both your approved supervisor and yourself?

YES ☒

You **must** attach the work performance report signed by your supervisor and yourself.

NO ☒

Provide details of why you have not completed a work performance report



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

C5. Have you made progress towards meeting the requirements for general registration?

YES ☒

You **must** attach a statement signed by your employer of progress made.

NO ☒

Provide details of your circumstances below



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 declaration - *To be completed and signed by the applicant*

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, if required.

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 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 to allow for any subsequent criminal history checks during my period of registration
- Ahpra may validate documents provided in support of this application as evidence of my identity
- if and when this application for renewal of registration is granted, 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 National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance



Declaration

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 and registration 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 declare that:

- the above statements, 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.

Name of registrant

Date

 / /

Signature of registrant



SIGN HERE

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

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

MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER

Family (legal) name

First given name

Position

During business hours (phone)

Email

I declare that the information provided in this document is true and correct.

I confirm that the registrant will continue to undertake the position as endorsed by the Board under the supervisory and other arrangements as endorsed.

Name of employer

Date

 / /

Signature of employer



SIGN HERE



Principal supervisor's undertaking - *To be completed and signed by the principal supervisor*

D2. Please provide contact details for your principal supervisor:

 Only applicable to IMGs, not to Australian/New Zealand graduate interns.

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 (legal) name					
<input type="text"/>					
First given name					
<input type="text"/>					
Position					
<input type="text"/>					
During business hours (phone)					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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).

Name of principal supervisor

Date


 / /

Signature of principal supervisor



SIGN HERE

Agent to act on behalf of applicant - *To be completed and signed by the applicant and agent*



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.

D3. Do you wish to appoint an agent to communicate/act on your behalf in relation to this application?

YES ☒

NO ☐

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 and 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

DD

MM

YYYY

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 (phone)

Mobile

Email


Date

DD

MM

YYYY

Signature of agent



SIGN HERE

Effective from: 12 February 2024

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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:

Payment amount:	
\$ INSERT FEE	
Renewal fee	\$490
Renewal fee for NSW registrants	\$479

OR

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

Late payment amount:	
\$ INSERT FEE	
Renewal fee	\$490
Renewal fee for NSW registrants	\$479
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

M

M

/

Y

Y

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 A6	Your completed <i>Request for change in circumstances for medical practitioners with limited registration – ACCL-30</i> form	<input type="checkbox"/>
Question B2	A separate sheet with details of why you did not comply with the guidelines	<input type="checkbox"/>
Question B4	A separate sheet with details of why the recency of practice requirements have not been met	<input type="checkbox"/>
Question B5	A separate sheet with details of CPD you have undertaken and why the CPD requirements have not been met	<input type="checkbox"/>
Question B6	A separate sheet with details of why you have not met PII requirements	<input type="checkbox"/>
Question B7	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>Professional indemnity insurance arrangements registration standard</i>	<input type="checkbox"/>
Question B8	A separate sheet with your impairment details	<input type="checkbox"/>
Question B9	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 B9	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question B10	A separate sheet of overseas countries and corresponding ICHC reference number	<input type="checkbox"/>
Question B10	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question B10	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 B11	A separate sheet with details of the withdrawal or restriction of the right to practise	<input type="checkbox"/>
Question B12	A separate sheet with details of the withdrawal or restriction of your billing privileges	<input type="checkbox"/>
Question B13	A separate sheet with support papers detailing any complaints made	<input type="checkbox"/>
Question C3	A separate sheet with details of why you have not complied with your supervised practice plan	<input type="checkbox"/>
Question C4	A work performance report signed by your supervisor and yourself	<input type="checkbox"/>
Question C5	A statement of progress	<input type="checkbox"/>
<i>Payment</i>		
	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