



Application for limited registration in the public interest

Profession: Medical

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

This form is for international medical graduates who do not qualify for general and/or specialist registration and who wish to apply for limited registration in the public interest.

The Medical Board of Australia (the Board) will determine whether it is in the public interest to register a medical practitioner. In general, the Board will only register a medical practitioner for a limited time and/or for a limited scope. Examples of where it might be in the public interest to register a medical practitioner include an unexpected situation where a natural disaster has occurred or a pandemic has been declared.

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



This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation must be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. See *Certifying documents* in the *Information and definitions* section of this form. If you have provided documentation to the Board previously, that is not for single use or time limited, documentation will not need to be re-submitted. You may be required to provide information if your initial registration in Australia was granted prior to 1 July 2010.

Privacy and confidentiality

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

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal

information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at **www.ahpra.gov.au/privacy**.

Symbols in this form



Additional information

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



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.



Mail document(s) directly to Ahpra

Requires delivery of documents by an organisation or the applicant.

Completing this form

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



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



PART A - To be completed by the applicant

SECTION A: Personal details



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

1. What is your name and date of birth?

Title*	MR 🔀	MRS 🔣	MISS 🔀	MS 🔀	DR 🔀	OTHER	SPECIFY			
Family	name*					_				
First gi	iven name*									
Middle	name(s)*									
Previou	us names kr	nown by (e.g	. maiden nan	ne)						
Date of	f birth D	D / M	M / Y	YYY						
	If you have ever been formally known by another name, or you are providing documents in another name, you must attach proof of your name change unless this has been previously provided to the Board. For more information, see <i>Change of name</i> in the <i>Information and definitions</i> section of this form									

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2. Are you currently, or were you YES Provide your registration number below NO X previously, registered as a medical practitioner under the Registration number* **National Law?** M E D 3. What are your birth and **Country of birth** personal details? City/Suburb/Town of birth State/Territory of birth (if within Australia) NSW X QLD X WA 🔀 NT 🔀 TAS X VIC X SA X Sex* INTERSEX/INDETERMINATE MALE X FEMALE X Languages spoken other than English (optional)*

SECTION B: Proof of identity



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

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

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

If you are applying for

registration from outside of

Australia and are unable to

provide evidence from each

category, you will be required

to meet the minimum identity requirements. Refer to www. ahpra.gov.au/identity for further information.



NO

Go to the next question

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



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

- a certified copy of the identity information page (the photo page), and
- an official English translation of your passport (if your passport is in a language other than English). Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.

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



You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least **one** document must be in the applicant's current name.
- Your category B document **must** have a recent photo.
- All documents must be officially translated into English. Please refer to Translating documents at www.ahpra.gov.au/translate for further information.
- If using your passport, a certified copy of the identity information page (the photo page) must be provided.
- All documents must be true certified copies of the original.
 See Certifying documents in the Information and definitions section of this form for more information.

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

6.	What is your residency status
	within Australia?

Current residency status Permanent Australian resident	Temporary resident (Supply details of visa status below)

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indicated above.

SECTION C: Contact information



Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au and

- download and complete the change of address form CHDT-00 Request for change of address details on the register, or
 - log in to your Ahpra account to change your details online.

7.	What	are	your	contac	t de	etails	
----	------	-----	------	--------	------	--------	--

Provide your current contact details below – place an 🗶 r	next to your preferred contact phone number.
Business hours	Mobile
After hours	
Email	

8. What is your residential address?



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

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

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

Residential address **cannot** be a PO Box.

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



Principal place of practice for a registered health practitioner is:

- the address at which you predominantly practise the profession, or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

ES 🔀	NO		Provid	le you	r Austr	alian	princ	ipal p	lace	of pra	actice	e belo	W
Site/building and/or positi	on/department ((if ap	plicab	le)									
Address (e.g. 123 JAMES A)	/ENUE; or UNIT 1	A, 30) JAMES	S STRE	ET)								
													Ť
City/Suburb/Town*													
State/Territory* (e.g. VIC, AC	CT)				Postco	ode*							

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10. What is your mailing address?	My residential address
Your mailing address is used	My principal place of practice
for postal correspondence.	Other (Provide your mailing address below)
	Site/building and/or position/department (if applicable)
	Address/P0 Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or P0 B0X 1234)
	City/Suburb/Town
	State or territory (e.g. VIC, ACT)/International province Postcode/ZIP
	Country (if other than Australia)
SECTION D: Qualification	n for the profession
the Board that your qualification degree in medicine and sur Council directory, at www.a	68 of the National Law, to be eligible for limited registration in the public interest you must demonstrate to ations are relevant to, and suitable for, the position. To qualify, you must provide evidence your primary gery, after completing an approved course of study at a medical school listed in both the Australian Medicamc.org.au/assessment/list-of-medical-schools and the World Directory of Medical Schools, at , or other publications approved by the Australian Medical Council and/or the Board. An approved course of
study means that you must	demonstrate that you have completed a medical curriculum of at least four academic years, leading to an

entitlement to registration in the country issuing the degree to practise clinical medicine. The Board's website

www.medicalboard.gov.au contains information on approved qualifications and examinations or assessments accepted.

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



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

Primary medical qualification Title of qualification	
Name of institution (University/College/Ex	amining body)
Country	
Start date M M / Y Y Y Y	Completion date // / / / / / / / / / / / / / / / / /
	I certified copy of your primary medical degree certificate that ourse of study leading to a qualification in medicine.

12. What are the details of your medical internship (or comparable)?

Medical internship (or comparable)				
Name of hospital or institution				
Country				
Country				
Start date M M / Y Y Y Y Y	Completion date M M Y Y Y Y Y Y Y Y			
You must attach an original certified copy of a certificate of internship, a letter from a medical registration authority confirming completion of internship, or other relevant documentation that establishes internship completion.				

13. Do you have any specialist medical qualifications that are relevant to your application?

YES 📈	NO 🔀
Most recent specialist qualification	
Title of qualification	
Awarding body	
Completion date	
MM/YYYY	
You must attach evidence	e of specialist qualifications.
Additional specialist qualification	
Title of qualification	
Awarding body	
Completion date	
MM / Y Y Y Y	
You must attach evidence	e of specialist qualifications.



Attach a separate sheet if all of your specialist qualification details do not fit in the space provided.

SECTION E: Primary source verification of qualifications



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

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

14. What is your AMC candidate number?

AMC candidate nur	nber		

SECTION F: Registration history

15. What is your health practitioner registration history?



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

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

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

Most recent registration		
State/Territory/Country		
Profession		
Period of registration D D / M M / Y Y Y Y	to	DD/MM/YYYY
Additional registration		
State/Territory/Country		
Profession		
Period of registration		
D D / M M / Y Y Y Y	to	D D / M M / Y Y Y Y



If you have been registered outside of Australia, you **must** arrange for original Certificates of Registration Status (different to evidence of current registration/practising certificate) or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state or territory office. Refer to **www.ahpra.gov.au/About-Ahpra/Contact-Us** for your Ahpra state or territory office address.



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

SECTION G: Work history

16. What is your full practice history?



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



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

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SECTION H: Suitability statements



Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to **www.medicalboard.gov.au/Registration-Standards** for further information.

17. Do you currently hold registration with the Medical Board of Australia?

YES Go to the next question

NO Go to question 20

18. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?



It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section of this form.



NO |



You **must** attach a signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances.

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



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

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

NO Go to question 23



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.

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.

20. Do you have any criminal history in Australia?



It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section of this form.





10



You **must** attach a signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances.

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



For more information, see *Criminal history* in 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

NO Go i

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 your criminal history in a signed and dated written statement.

Country		Check reference number
You must attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.		
	You must attach the international criminal history check (ICHC) rethe approved vendor.	eference page provided by
	You must attach a signed and dated written statement with detail each of the countries listed and an explanation of the circumstan	•

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



If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page.

For a list of approved vendors and further information about international criminal history checks, refer to www.ahpra.gov.au/internationalcriminalhistory



Go to the next question



You are required to obtain an international criminal history check from an approved vendor for each country and provide details below

Country	Check reference number		
Volumet attach a congrate cheet if the list of overseas countries and corresponding check			



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.

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



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

yes 🔀

I declare I have used English as my primary language within the past five years. *Go to question 28*

NΩ



Go to the next question

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



An evidence requirements guide is available at www.ahpra.gov.au/EnglishLanguageSkills. Recognised country means one of the following countries:

- Australia
- Canada

Combined secondary and tertiary education pathway

You have undertaken and satisfactorily completed:

- · at least two years of secondary education that was taught and assessed solely in English in a recognised country, and
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English in a recognised country.

- New Zealand
- Republic of Ireland

Extended education pathway

You have undertaken and satisfactorily completed at least six years' (full time equivalent) continuous education taught and assessed solely in English, in any of the recognised countries, which includes tertiary qualifications in the profession on which you are relying to support your eligibility for registration under the National Law.

- South Africa
- United Kingdom

Primary language pathway

With overseas qualification in a non-recognised country English is your primary language and you have undertaken and satisfactorily completed:

- · all of your primary and secondary education taught and assessed solely in English in a recognised country, and
- · tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

United States of America.

English language test pathway

You have achieved the required minimum scores in one of the approved English language tests and meet the requirements for test results specified in the Board's English language skills registration standard.

24. Which one of the English language competency pathways do you meet?



Ahpra may verify the information you provide below.

For more information, see English language skills in the Information and definitions section of this form.

Combined secondary and tertiary education pathway

Extended education pathway

Primary language pathway

Provide details of secondary and tertiary education in the table below, then go to question 28

Provide details of secondary, vocational and tertiary education in the table below, then go to question 28

This is a declaration that English is your primary language Provide details of primary, secondary and tertiary education in the table below, then go to question 28

English language test pathway

Go to question 25

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

Timeframe	Level of education	Program name If applicable	Education institution Specify name and address	_	ed country olicable	Study status
Study commenced: Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced: Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced: Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time



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

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

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

25. Were your results from the English language tests obtained in one or two sittings?

1	In certain circumstances, you can use English language test results from a maximum of two test sittings in a six
	month period. For more information, refer to the Board's English language skills registration standard.

One sitting Provide date of test below, then go to the next question and complete details for one sitting Provide dates below, then go to the next question and complete details for both sittings

Sitting one DD/MM/YYYY	Sitting two D D / M M / Y Y Y Y

26. Which of these English language tests have you successfully completed?

Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results

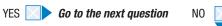
	roviue reierence number(s) for a	ne test(s) you are relying on an	и анасн а сор	y or your lest results.
\times	International English Language Test report form number – sitting			Test report form number – sitting two (if applicable):
			Α	A
	The Board requires the IELTS (acareading, writing and speaking).	idemic module) with a minimum o	overall score of	7 and a minimum score of 7 in each of the four components (listening,
X	Occupational English Test (OET))		Condidate number _ citting two (if applicable)
	Candidate number – sitting one:			Candidate number – sitting two (if applicable):
		a minimum score of B or 350 in e	ach of the four	components (listening, reading, writing and speaking).
\times	Pearson Test of English Acaden Registration ID – sitting one:			Registration ID – sitting two (if applicable):
	reading, writing and speaking).			ninimum score of 65 in each of the four communicative skills (listening,
X	Test of English as a Foreign Lar Registration number – sitting one		•	Registration number – sitting two (if applicable):
	speaking.	with a minimum total score of 94	4 and the minin	num scores of 24 for listening, 24 for reading, 27 for writing, and 23 for
6				years, you must provide a copy of your test results, including
		, so that Ahpra can verify your		wo years, you must provide a certified copy of your results.
	ii your English language	test(s) were not completed wi	uiiii uie past t	wo years, you must provide a certified copy of your results.
	NZREX PLAB test			
	T LAD lest			
	You must provide a certi	ified copy of your English lang	uage test resu	lts.
	lere your results from the	YES 🔀	NO	
	bove-mentioned English anguage tests obtained	In order for your results t	to be accepted.	within 12 months of completing your test(s) you must have commenced
	the past two years?	 continuous employment 	nt as a registere	ed health practitioner in a recognised country where English was the
		primary language of procession of procession of procession of the primary language of		program of study.
				2 months of completing the employment and/or program of study.
		You must attach :	a certified cop	y of your English language test results, and :
		your CV and a	letter from en	nployer(s) or a professional referee in the required form
		•	•	byment as a registered health practitioner in a recognised a continuous employment over two years in duration, only two
		years is requir		Continuous employment over two years in duration, only two
		an academic to	ranscript evide	encing that you were enrolled continuously in a Board-approved
		, ,	•	enced within 12 months of sitting the English language test, and dy no longer than 12 months before lodging your application.
		that you comp	ieteu your stu	ay no longer than 12 months before loughly your application.
	o you meet the recency		edical practition	ners must have practised within their scope of practice for a minimum
	f practice registration tandard?	total of: • four weeks full-time e	eguivalent in on	e registration period, which is a total of 152 hours, or
ŭ	unduru.	 12 weeks full-time ed 	quivalent over th	rree consecutive registration periods, which is a total of 456 hours.
		For more information, see	e <i>Recency of pr</i>	actice in the Information and definitions section of this form.
		YES V	NO	So to the next question
		Mark all options applicable	to your applic	ation – then go to question 31
		I have practiced a minim	num of four wes	eks full-time equivalent (152 hours) in the last year.
			idili oi lodi wot	ons ruil-tille equivalent (132 nours) in the last year.

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29. Have you previously practised medicine for more than two vears?



For more information, see Practice in the Information and definitions section of this form.



Mark all options applicable to your application - then go to question 31

I have practiced within the last 12 months.

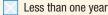
I have not practiced within the last 12 months.



You are required to commence work under supervision in a training position approved by the Board. You **must** attach details of the supervised training position you propose to take up.

30. How long have you been absent from practise?

Choose appropriate option







Between one and three years



You **must** attach evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice.



More than three years



You **must** attach a plan for professional development and re-entry to practice for consideration by the Board. Refer to information relating to re-entry to practice at www.medicalboard.gov.au/Codes-Guidelines-Policies/FAQ

31. Have you changed the scope of your practice in the previous 12 months?



NO



You **must** attach details, including any relevant training and assessments undertaken for the Board to consider your application.

32. Will you be changing your scope of practice since you were last practising?





NO



You **must** attach details, including any relevant training and assessments undertaken for the Board to consider your application.

33. Will you be performing exposure-prone procedures in your practice?



Exposure prone procedures (EPPs) are procedures where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissues to the blood of the healthcare worker. These procedures include those where the healthcare worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

The CDNA has developed guidance on exposure-prone procedures in Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017 available online at https://www1.health.gov.au/ internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm

You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in Appendix 2 of the national guidelines online at https://www1.health.gov.au/internet/main/ publishing.nsf/Content/36D4D796D31081EBCA257BF0001DE6B7/\$File/nat-guidelines-work-bbv-Oct2019.pdf.

YES



Go to the next question

NO



Go to question 35

34. Do you commit to comply with the Australian National Guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses?



This includes testing for HIV, Hepatitis C and Hepatitis B at least once every three years. Testing for Hepatitis B is not necessary if you have demonstrated immunity to HBV through vaccination or resolved infection.



NO



35. Do you commit to having appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period?



The Board requires all applicants to have appropriate professional indemnity arrangements in place when practising. Applicants unable to meet this requirement are inclinible for registration. For more information see Professional indemnity insurance in the Information and definitions section of this form.

YES X





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



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







You **must** attach to this application details of any impairments and how they are managed.

37. Is your registration in any profession currently suspended or cancelled in **Australia (under the National** Law or a corresponding prior Act) or overseas?









You **must** attach to this application details of any registration suspension or cancellation.

38. Have you previously had your or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?







registration cancelled, refused



You **must** attach to this application details of any cancellation, refusal or suspension.

39. Has your registration ever been subject to conditions, undertakings or limitations in **Australia (under the National** Law or a corresponding prior Act) or overseas?









You **must** attach to this application details of any conditions, undertakings or limitations.

40. Are you disqualified from applying for registration, or being registered, in any profession in Australia (under the National Law. a corresponding prior Act or a law of a co-regulatory jurisdiction), or overseas?



Co-regulatory jurisdiction means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).







You **must** attach to this application details of any disqualifications.

41. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?









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

SECTION I: Details of the public interest requirement

42. When is the start date of your employment?

Start date of employment

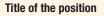
DD / MM / YYYYY

43. How many weeks or months do you require limited registration (maximum of 12 months)?

Weeks Months

SPECIFY SPECIFY

44. What is the title of the position for which limited registration is being sought?





You **must** attach:

- a position description including:
 - key selection criteria addressing clinical responsibilities, and
 - qualifications and experience required (this should be obtained from the employer).
- your offer of employment.
- 45. Why is it in the public interest to grant this registration?



For more information about this type of registration, refer to the Board's registration standard for limited registration in the pubic interest at www.medicalboard.gov.au/Registration-Standards



You must attach a:

- detailed statement and/or other documentation confirming why it is in the public interest to register you, and
- letter from your proposed employer endorsing your statement and/or reasons for why it is in the public interest to register you.

SECTION J: Obligations and consent



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

Obligations of registered health practitioners

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

Continuing professional development

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

Professional indemnity insurance arrangements

- A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
- 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.
- A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events

- A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. Relevant event means—
 - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
 - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
 - 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
 - the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
 - the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
 - g) a complaint is made about the practitioner to the following entities—
 - (i) the chief executive officer under the Human Services (Medicare) Act 1973 (Cth);
 - (ii) an entity performing functions under the Health Insurance Act 1973 (Cth);
 - (iii) the Secretary within the meaning of the National Health Act 1953 (Cth);
 - (iv) the Secretary to the Department in which the Migration Act 1958 (Cth) is administered:
 - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
 - the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

Change in principal place of practice, address or name

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

Employer's details

- A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information
 - a) information about whether the practitioner is employed by another entity;
 - 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.
 - (iii) The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

Effective from: 3 August 2020

Consent to nationally coordinated criminal history check

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

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

Consent

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

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

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

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

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

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

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

I confirm that I have:

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

I declare that:

- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in this application and in the documents provided.
 I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

Signature of applicant	
SIGN HERE	
Name of applicant	
Date	
DD/MM/YYYY	
	D 45 -4 05



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

SECTION K: Third party to act on behalf of applicant

YES

NO



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

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

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

Applicant authorisation											
I authorise my agent to (mark one or more as required	l):										
communicate with the Board on my behalf regarding the processing and progress of my application. (The agent and the Board may communicate by telephone, fax, email or written correspondence)											
undertake any other action reasonably necessary for the processing of my application on my behalf (except signing and lodging applications forms, which must be completed by the applicant), and											
receive all formal correspondence from the Board in	relation to this application.										
Date	Signature of applicant										
DD/MM/YYYY	SIGN HERE										

Complete applicant authorisation and arrange for agent to complete agent authorisation

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 Roy (e.g. 123 JAMES AVENUE) or UNIT 1A 30 JAMES STREET; or PO ROY 1234)														
Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)														
City/Suburb/Town														
State or territory (e.g. VIC, ACT)/International province	Postcode/ZIP													
Country														
Business hours	Mobile													
Email														
Date	Signature of agent													
DD/MM/YYYY														
	OLON LIEDE													
	SIGN HERE													



⚠ PART C – To be completed by the employer

SECTION L: Sponsoring employer details

47. What are the details of the sponsor contact?



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

Name of sponsor organisation														
Title of sponsor contact														
MR MRS MISS MS DR OTHER SPECIFY														
Family name of sponsor contact														
First given name of sponsor contact														
Position title of sponsor contact														
טומטוז ממט טו טאַטווטטו טטוונמטנ														
Email														
Business hours contact phone number														
Site/building (if applicable)														
Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 123	(4)													
Suburb/City/Town														
Outsuis Sity (1941)														
State/Towntown (o.g. VIC. ACT)														
State/Territory (e.g. VIC, ACT) Postcode														

ALPI-30	

48. What are the details of the employer sponsor?

	П	
	п	
N.	ш	4

The employer sponsor must be a medical practitioner.

Name of employer sponsor (must be a medical practitioner)															
Email															
Business hours contact phone number	Business hours contact phone number M E D														
	III L D														
Registration number															
legistration number Site/building (if applicable)															
Address (e.g. 123 JAMES AVENUE; or UNIT 1A,	30 JAMES STREET; or PO BOX 12	34)													
2.1.100.7															
Suburb/City/Town															
State or territory (e.g. VIC, ACT)/International	province Postcode/ZIP														

SECTION M: List of sites

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



Provide the name and address of each site for which limited registration is required to undertake clinical practice. Board approval does not provide access to a Medicare provider number.

Site	/Bu	ildin	g (i1	app	olica	ble)																
Add	Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)																					
H																						
City	/Su	burk)/To	vn																		
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						E; or	UNIT	1A,	, 30	JAM	IES S	STRE	EET)							
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ddress	s (e.g.	123 J.	AMES	C, A	ENUI CT)/I	Inter						STRE		tcod	le/Z	IP.				



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

SECTION N: Sponsor employer's declaration

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

Name of applicant	Name of sponsor employer (authorised medical practitioner)							
Date DD / MM / Y Y Y Y	Registration number M E D							
	Signature of sponsor employer SIGN HERE							

Effective from: 3 August 2020 Page 19 of 25

SECTION 0: Supervisor details

50. What are the details of the principal supervisor?



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

Provide principal supervisor contact details below														
MR MRS MISS MS DR OTHER SPECIFY														
Family (legal) name														
First given name														
Registration number														
MED														
Position														
Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)														
City/Suburb/Town														
State/Territory (e.g. VIC, ACT) Postcode														
Business hours contact phone number Mobile														
Email														

You **must** attach:

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

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

SECTION P: Principal supervisor's declaration

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).





PART D – To be completed by the applicant

SECTION Q: Payment



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

Your required payment is detailed below:

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

Application fee:

\$811

Registration fee: Registration fee \$811 Registration fee for NSW registrants \$704

Amount payable:

Applicants must pay 100% of the stated fees at the time of submitting the application.



Refund rules

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

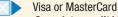
51. How are you paying your fees?



Payment by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank.

A receipt will be provided.





+

Complete credit/debit card payment slip below





Cash/EFTPOS

(only available if paying in person)



You must attach your cheque, money order or bank draft payable to the Australian Health **Practitioner Regulation Agency.**



On the back of the cheque, money order or bank draft, you must write your:

- full name
- date of birth, and
- Ahpra registration number (if you have one).

Please post this form with payment and required attachments to:

Ahpra GPO Box 9958 IN YOUR CAPITAL CITY (refer below) You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

Brisbane QLD 4001 Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801

Credit/Debit card payment slip - please fill out

Amount payable

Visa or MasterCard number

MMM / Y

Expiry date	_					

Name on card

Cardholder's signature





SECTION R: Checklist

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

Additional dod	rumentation	Attache
Question 1	Evidence of a change of name	X
Question 4	A certified copy of your foreign passport	X
Question 5	Certified copies of all documents that provide sufficient evidence of your identity	
Question 11	Certified copies of your primary medical degree certificates	
Question 12	Evidence of completion of your internship or comparable	
Ouestion 13	Evidence of specialist qualifications	
Question 13	A separate sheet with additional specialist qualification details	
Question 15	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	
Question 15	A separate sheet with registration details	
Question 16 Questions	Your curriculum vitae A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the	X
18 & 20	circumstances	X
Questions 19 & 21	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	\times
Questions 19 & 21	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	X
Questions 19, 21 & 22	ICHC reference page provided by the approved vendor	\times
Question 22	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	X
Question 24	A separate sheet with any additional qualification details	X
Question 26	Transcript(s)/letter(s) from the education provider confirming that your course was taught and assessed solely in English	X
Question 26	Copy of your English language test results	X
Question 26	Certified copy of your English language test results	×
Question 27	Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	X
Question 29	Details of the supervised training position you propose to take up	\times
Question 30	Evidence of having completed the equivalent of one year's CPD activities relevant to your intended scope of practice	\times
Question 30	A plan for professional development and for re-entry to practice	X
Question 31	Details of change of scope of practice	X
Question 32	Details of change of scope of practice	X
Question 36	A separate sheet with your impairment details	X
Question 37	A separate sheet with your current suspension or cancellation details	X
Question 38	A separate sheet with your previous cancellation, refusal or suspension details	X
Question 39	A separate sheet with your conditions, undertakings or limitations details	X
Question 40	A separate sheet with your disqualification details	X
Question 41	A separate sheet with your conduct, performance or health proceedings	
Question 44	A position description	
Question 45	A detailed statement and/or other documentation confirming why it is in the public interest to grant limited registration	
Question 45	A letter from your proposed employer endorsing your statement and/or reasons why it is in the public interest to grant limited registration	X
Question 49	A separate sheet of the names and addresses of additional sites	X
Question 50	A supervision practice plan and professional development	X
Payment		
	Application fee	X
	Registration fee	X
	If paying by cheque/money order/bank draft, your name is written on the back	X

Information and definitions

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

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

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

- have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition
- have appropriate testing and follow up care after potential nonoccupational exposure, with testing frequency related to risk factors for virus acquisition
- cease performing all EPPs if diagnosed with a BBV until the criteria in the quidelines are met, and
- confirm that they comply with these guidelines when applying for renewal
 of registration if requested by their board.

Practitioners who are living with a blood-borne virus and who perform exposureprone procedures have additional requirements. They are expected to:

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

Additional information can be found in the CDNA Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses available online at https://www1.health.gov.au/internet/main/publishing.nsf/Content/36D4D796D31081EBCA257BF0001DE6B7/\$File/nat-guidelines-work-bbv-Oct2019.pdf

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

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

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

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify

CHANGE OF NAME

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

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

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

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

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

You are required to participate regularly in continuing professional development (CPD) that is 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. Medical practitioners who hold limited registration in the public interest must complete CPD activities specified in their conditions of registration.

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

CRIMINAL HISTORY

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

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

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

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

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

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

CURRICULUM VITAE

Your curriculum vitae must:

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

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

ENGLISH LANGUAGE SKILLS

Applicants applying for limited registration in the public interest may be exempt from undertaking an English language skills test as per the exemption provisions in the Board's English language skills registration standard. For more information and to view the conditions for exemption from the English language requirements, view the full registration standard online at www.medicalboard.gov.au/Registration-Standards

IMPAIRMENT

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

PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)

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

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

RECENCY OF PRACTICE

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

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

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

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

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

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

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