

ANPC-86



Application for non-practising registration For previous or current registrants Profession: Chinese medicine

www.ahpra.gov.au/privacy.

Attention

Symbols in this form

Signature required

Completing this form

Use a black or blue pen only.

Read and complete all questions.

Place X in all applicable boxes:

Print clearly in BLOCK LETTERS

DO NOT send original documents unless specified.

Additional information

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

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

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

Processing cannot occur until all required documents are received.

Requests appropriate parties to sign the form where indicated.

Ensure that all pages and required attachments are returned to AHPRA.

Do not use staples or glue, or affix sticky notes to your application.

Please ensure all supporting documents are on A4 size paper.

your privacy and how your complaint will be dealt with. This policy can be accessed at

Highlights important information about the form.

Attach document(s) to this form

This form is for Chinese medicine registrants who elect to cease all practice activities. For a definition of *practice*, see the *Information and definitions* section of this form. You can apply for non-practising registration as a Chinese medicine registrant if you:

- hold or have previously held general registration, or
- held registration in the health profession under a corresponding prior Act that was equivalent to general registration in the health profession under this Law.

If you do not fall into either of these categories, you are not eligible for non-practising registration as a Chinese medicine registrant. Additional registration types can be found on the Board's website

www.chinesemedicineboard.gov.au

It is important that you refer to the Chinese Medicine Board of Australia's (the Board) registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at **www.chinesemedicineboard.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. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

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**.

SECTION A: Registration division(s)

1. In which division(s) of the profession are you applying for non-practising registration?

Mark all options applic

Mark all options applicable to your application

•

•

Chinese herbal medicine practitioner

Chinese herbal dispenser

SECTION B: Personal details

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

2. What is your name and date of birth?

Title* Family	MR 🔀 name*	MRS [MISS 📐	Μ	IS 🔀	DF		0	THER		S	PECI	FY		
First gi	First given name*															
Middle	Middle name(s)*															
Previou	is names ki	nown by	(e.g.	maiden n	ame)											
Date of	Date of birth DD / MM / YYYY															
	If you have ever been formally known by another name, or you are providing documents in another name, you must attach proof of your name change unless this has been previously provided to the Board. For more information, see <i>Change of name</i> in the <i>Information and definitions</i> section of this form.															

3. What are your birth and personal details?

City/Subur	b/Town of b	irth						
State/Territory of birth (if within Australia) VIC 🔀 NSW 🔀 QLD 🔀 SA 🔀 WA 🔀 NT 🔀 TAS 🔀 ACT 🔀								
Sex* MALE FEMALE INTERSEX/INDETERMINATE								

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.

4. What are your contact details?

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

5. What is your residential address?

(i)

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

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

Site	e/bui	Idin	g an	d/oi	r pos	sitio	n/de	par	tme	nt (if	ap	plica	ble)								
F																					
Ado	Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)																				
City	/Sul	burb	/Tov	vn*																	
Sta	te or	teri	ritor	y (e.	g. VI	C, A(CT) /I	nter	nati	onal	pro	vinc	e*	Post	tcod	le/Z	IP*				
					-		,														
Cou	Country (if other than Australia)																				

ANPC-86		
6. What is your mailing address? Your mailing address is used for postal correspondence	My residential address Other (Provide your mailing address below)	
		Site/building and/or position/department (if applicable)

7. Are you currently a registered Chinese medicine registrant under the National Law?

City/Suburb/Town								
State or territory (e.g. VIC, ACT)/International province Postcode/ZIP								
Country (if other than Australia)								
ES Go to the next question								
Please provide your AHPRA registration number below Registration number*								
C M R Go to Section F: Suitability statements								

SECTION D: Registration history

- 8. Have you previously applied for statutory registration or a registration examination as a health practitioner in any state, territory or under the National Regulation and **Accreditation Scheme (the** National Scheme) or other country within the past 10 years?
- 9. Do you have current statutory registration or have you previously held statutory registration as a health practitioner in any state, territory or under the National Scheme or other country within the past 10 years?

(i)

For a list of the professions regulated under the National Scheme, please refer to www.ahpra.gov.au If you have been previously

registered outside of Australia, 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 10 years.

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



YES

You **must** attach a separate sheet explaining the current status of that process.

NO 🔀

NO

Where you hold current or previous registration within or outside of Australia, including any health professions not yet part of the National Scheme, you must arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your AHPRA state office. Refer to page 11 of this form for your AHPRA state office address. Most recent registration State/Territory/Country

to DD/MM/YY

Profession	

Period of registration D D / M M /

Additional registration					
State/Territory/Country					
Profession					
Period of registration	to	DD/	лм / үү	YY	
Attach a separate she	et if all your re	gistration history	v does not fit with	nin the space p	rovided.

SECTION E: 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.

10. 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.

11. 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.

YES

NO **Go to the next question**

Attachment required below - then go to Section F: Suitability statements

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.

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

Documents	Category use	Documents	Category used: A B C			
Australian birth or adoption certificate	NA 刘	Australian financial institution a	account na na 🖂			
Australian visa (Foreign passport must		Australian Medicare card	NA NA 🔀			
be selected as evidence for Category B)		Australian PAYG payment summ	nary 🛛 NA NA 🔀			
ImmiCard	NA 📐	Australian motor vehicle registr	ration NA NA 🔀			
Australian citizenship certificate	NA 🛛	Australian Taxation Assessmen	<mark>t Notice</mark> na na 🔀			
Australian passport	$\times \times \Sigma$	Australian insurance policy	NA NA 🔀			
Australian motor vehicle licence	NA 🔀 🔰	Australian pension/healthcare of	card NA NA 🔀			
Foreign passport	NA 🔀	Category D documents				
Australian Working with Children/ Vulnerable People Card	NA 🔀 🔰	A document from Category D is only required if your Category B or C document does not provide evidence				
Australian firearms or shooter's licence	NA 🔀 🗎	of your residential address.				
Australian student ID card	NA 🔀	I have used a Category B or C o	document that has			
Intl. or foreign motor vehicle licence	NA 🔀	my current residential address				
Australian proof of age card	NA 🔀 🗎	Australian rate notice				
Australian government benefits	NA NA 📐	Current Australian lease or tena	ancy agreement			
Australian academic transcript	NA NA 📐	Australian utility account				
Australian registration certificate	NA NA	Australian electoral enrolment	card 🛛			



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

SECTION F: 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.chinesemedicineboard.gov.au/registration-standards for further information.

- 12. Do you currently hold registration with the Chinese Medicine Board of Australia?
- 13. Since your last declaration to AHPRA, has there been any change to your criminal history in Australia that you have not declared to AHPRA?
- 14. 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?

6

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.

15. Do you have any criminal history in Australia?

- YES **Go to the next question**
- NO **Go to question 15**

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

Go to question 18

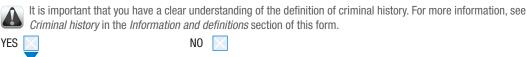
NO

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.

Provide details below, then go to question 18

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.								





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

16. 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.

17. 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.

- 18. Is your registration in any profession currently suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?
- **19. Have you previously had your** registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?
- 20. Has your registration ever been subject to conditions, undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?

\times	Go	to	the	next	question

NO

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.		
	ou must attach the international criminal history check (ICHC) re e approved vendor.	ference page provided by
GN Yo	ou must attach a signed and dated written statement with detai	ls of your criminal history ir

each of the countries listed and an explanation of the circumstances.

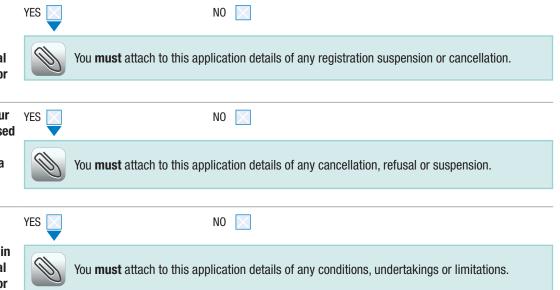
Go to the next question



NO

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	
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.		





- 21. Are you disgualified 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?
- 22. 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?
- 23. Has your provider rebate status ever been refused or withdrawn from any private health fund or other third party insurer?
- 24. Have you ever been the subject of a complaint or notification to any health complaints organisation, professional association or similar?
- 25. Have you ever been refused, suspended or cancelled from any health professional association in Australia or elsewhere?

rebate status. YES

YES NO You **must** attach to this application details of any refusal or withdrawal of your provider



You **must** attach to this application details of any complaint or notification.



SECTION G: 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.

NO

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 or 4 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

Notice of certain events

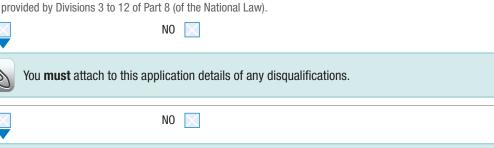
- A registered health practitioner must, within 7 days after becoming aware that a 1. relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. Relevant event means
 - the practitioner is charged, whether in a participating jurisdiction or elsewhere, a) 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
 - the practitioner's billing privileges are withdrawn or restricted under the Human e) 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
- a complaint is made about the practitioner to the following entitiesa)
 - (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:
 - 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

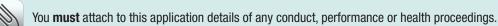
- A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board-
- a) a change in the practitioner's principal 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.





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



6)

YES

YES

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;
 - 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.
- 4. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

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

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, and

SECTION H: Registration period

Registration period

The annual registration period for the Chinese medicine profession is from **1 December to 30 November**. If your application is made between **1 October to 30 November this year**, you will be registered until 30 November **next year**.

26. If this application is approved, On the date of the Board's approval when would you like your On the below date, or the date of the Board's approval, whichever is the latter non-practising registration to begin? **Commencement date** Non-practising registration expires at 30 November each year. 27. Do you currently hold NO YFS Go to the next question Go to Section I registration with the Board? 28. Are you applying for YES Go to the Section I NO this application between 1 October to 30 November? Please read the information below - then go to Section J: Checklist You are not required to pay any fees with this application. Please note, where you have not paid a registration fee for the current registration period, you will be required to pay the registration fee.

 (if relevant) any registration currently held by me that is not compatible with the registration type I am applying for, to be surrendered when the registration type I am applying for is granted.

I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity, and
- 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 confirm that I have read the privacy and confidentiality statement for this form. I declare that:

- the above statements, and the documents provided in support of this application, are true and correct
- I am the person named in this application and in the documents provided, and
- if I am granted non-practising registration I will not practise as a Chinese medicine registrant.

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

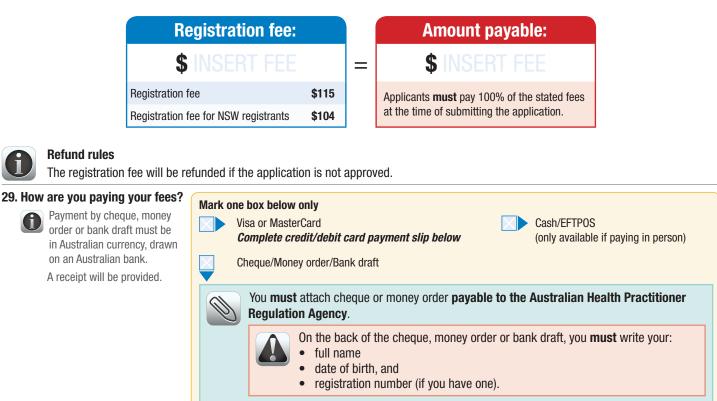
Signature of applicant
SIGN HERE
Name of applicant
Date

This page has been intentionally left blank.

SECTION I: Payment

Your required payment is detailed below:

Use the table below to select your 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.



Credit/Debit card payment slip – please fill out				
Amount payable	Name on card Cardholder's signature SIGN HERE			
Effective from: 19 September 2019	Page 11 of 13			

SECTION J: Checklist

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

Additional doo	cumentation	Attached
Question 2	Evidence of a change of name	\times
Question 8	A separate sheet with details of the current status of your application for registration or registration examination	\times
Question 9	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	\times
Question 9	A separate sheet with additional registration history details	\times
Question 10	A certified copy of a foreign passport	\times
Question 11	Certified copies of all documents that provide sufficient evidence of your identity	\times
<i>Questions 13 & 15</i>	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	\times
<i>Questions 14 & 16</i>	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	\times
<i>Questions 14 & 16</i>	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	\times
<i>Questions</i> 14, 16 & 17	ICHC reference page provided by the approved vendor	\times
Question 17	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	\times
Question 18	A separate sheet with your current suspension or cancellation details	\times
Question 19	A separate sheet with your previous cancellation, refusal or suspension details	\times
Question 20	A separate sheet with your previous conditions, undertakings or limitations details	\times
Question 21	A separate sheet with your disqualifications details	\times
Question 22	A separate sheet with your conduct, performance or health proceedings	\times
Question 23	A separate sheet with details of any refusal or withdrawal of your provider rebate status	\times
Question 24	A separate sheet with details of any complaint or notification made against you	\times
Question 25	A separate sheet with details of your refusal, suspension or cancellation from any health professional association	\mathbf{X}
Payment		
	Registration fee (if applicable)	\mathbf{X}
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	\times

Please post this form with payment and required attachments to:

AHPRA		You may contact AHPRA on	
GPO Box 9958		1300 419 495 or you can lodge an enquiry	
IN YOUR CAPITAL CITY (refer below)		at www.ahpra.gov.au	
Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

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

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify
- 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 if 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
- Deed poll
- Change of name certificate.

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

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.chinesemedicineboard.gov.au/ registration-standards

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.

TRANSLATING DOCUMENTS

For documents translated in Australia, the translator must be accredited by the National Accreditation Authority for Translators and Interpreters (NAATI), see **www.naati.com.au**. For documents translated overseas, see **www.fit-ift.org** for a list of authorities who provide certified translations.

Translations prepared by people familiar with the language of origin, including relatives, friends, acquaintances or other volunteer agencies will not be accepted. For more information, please refer to *Translating documents* at **www.ahpra.gov.au/translate**