

## Did you know you can now apply online? Create an Ahpra portal account and complete your application

Click here to apply online

Applying for registration is now available online.

Create an Ahpra portal account and complete your application.

#### Applying online is easier, faster and more secure

The online application form only asks questions relevant to your situation – saving you time.

Applying online also means you can

- easily access our new online ID verification
- track your progress as you complete each section of the application
- save as you go and lodge when it suits you
- check back in to see how assessment of your application is tracking.

For the best experience, please use a computer or laptop when applying online.

If you choose to use this form, we will need to follow up with you to ask you to validate some of the information you send us. This form will only be available for a short time.

#### **Keeping in contact**

We will let you know about important information to do with your application via your secure Ahpra portal.





### **Application for general registration**

**Profession: Medical radiation practice** 

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

This form is for applying for general registration as a medical radiation practitioner. New graduates of three-year programs of study who are yet to commence practice are required to apply for provisional registration.

It is important that you refer to the Medical Radiation Practice Board of Australia (the Board) registration standards before completing this application. Registration standards and other relevant codes and guidelines can be found at www.medicalradiationpracticeboard.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**.

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.



#### Attentior

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.



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

#### **SECTION A:** Registration division(s)

 In which division(s) of the profession are you applying for registration?

Mark all options applicable to your	application	
Diagnostic radiography	Radiation therapy	Nuclear medicine technology

#### **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*	MR 🔛	MRS 🔀	MISS 🔣	MS 🔣	DR 🔀	OTHER	SPEC	CIFY	
Family	name*								
First g	iven name*								
Middle	e name(s)*								
Previo	us names k	<b>nown by</b> (e.g	. maiden nan	ne)					
Date o	of birth	D / M	M / Y	YYY					
	another provide	ave ever be name, you d to the Boa	<b>must</b> attac rd. For mor	h proof of y e informatio	our name o	change unl	less this h	as been p	reviously

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3. What are your birth and personal details?

Country o	f birth							
City/Subu	rb/Town of b	irth						
State/Terr	itory of birth	(if within A	ustralia)					
VIC 🔀	NSW 🔀	QLD 🔣	SA 🔀	WA 🔀	NT 🔀	TAS 🔀	ACT 🔀	
Sex* MALE	FE	MALE 🔣	INTER	RSEX/INDETE	RMINATE			
Language	s spoken flu	ently other	than Englis	h (optional)*				





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ImmiCard	CC CI	Australian motor vehicle registration	
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Australian passport	LILY		
Australian driver's licence at the end of	C + L : 0	Australian pension/healthcare card	
at the end of	ithis	IOI Mocuments	













#### **SECTION D:** Contact information



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

<ol><li>What are your contact det</li></ol>	ails?
---	-------

Provide your current contact details below – plac	ce an 🗶 next to your preferred contact phone number.
Business hours	Mobile
After hours	
	$oldsymbol{ imes}$
Email	

#### 8. What is your residential address?



When you are not yet practising, or when you 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. Will the address of your principal place of practice be the same as your residential address?



Principal place of practice for a registered health practitioner is:

- the address at which you will 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.

dress (e.g. 123 JAMI	ES AVENUE; or UNIT	Γ 1A, 30 JAMES STR	EET)	
ty/Suburb/Town*				

#### 10. What is your mailing address?

1

Your mailing address is used for postal correspondence.

X	Λ

My residential address



My principal place of practice



Other (Provide your mailing address below)

	g ana, o	. poore				(III AD)	nlıca	ble)										
					Home	(ii up	pilou	, io,										
dress/PC	Box (e.	g. 123	JAMES	AVE	NUE; (	or UNI	T 1A	, 30 ,	JAM	ES S	TRE	ET; c	r PC	B02	X 12	34)		
//Suburt	)/Town																	
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#### **SECTION E:** Qualification for the profession



The Board publishes a list of approved qualifications, including those considered equivalent, that lead to eligibility for general registration. Refer to **www.medicalradiationpracticeboard.gov.au/accreditation** for the list of qualifications approved or considered equivalent by the Board.

If you are applying for registration in more than one division you are required to provide documentation for all applicable division(s).

## 11. What are the details of your qualifications and examinations/assessments?



If you have recently graduated from an Australian university and are yet to have your degree conferred, you are unable and therefore not required to provide a copy of your degree certificate with your application.

Your application will be processed when the Board receives advice direct from the relevant university that you have met the requirements of the course and are entitled to the qualification.

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

Primary qualification and examinations/assessments
Title of qualification
Division of registration applicable to
Name of institution (University/College/Examining body)
Country
Start date Completion date
You <b>must</b> attach a certified copy of your original academic transcript or certificate that indicates completion of the qualification(s).



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

#### **SECTION F:** Registration history

12. Do you have current registration or have you previously held registration 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 five years?



For a list of the professions regulated under the National Scheme, please refer to www.ahpra.gov.au

If you have been 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 five years.

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



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 12 of this form for your Ahpra state office address.

Most recent registration										
State/Territory/Country										
Profession										
Period of registration										
DD/MM/VVVV		DD	/ N	1 M	/ [\	/ Y	γ	γ		
	to		,		<u> </u>					
Additional registration										
State/Territory/Country										
Profession										
Period of registration										
DD/MM/YYYY		DD	/ N	1 M	/ N	/ Y	Υ	γ		
	to		,							

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

#### **SECTION G:** Registration period



The annual registration period for the medical radiation practice profession is from 1 December – 30 November each year. If your registration is granted in October and November this year, you will be registered until 30 November next year. If your registration is granted before October, you will be registered until 30 November this year and you must renew your registration by 30 November.

13. If this application is approved, when would you like your general registration to begin?

You can opt to have your registration start on the date of the Board's approval or a date nominated by you, up to 90 days into the future, as long as the date is later than the Board's approval. For more information, see Registration approval dates in the Information and definitions section of the form.

On the date of the Board's approval

On the date below, or the date of the Board's approval, whichever is the latter



You can't start practising until registration has been granted. Please consider if the date you have nominated gives you time to complete any pre-employment or pre-training program requirements. You can update this date by contacting your Regulatory Officer at any time until we finalise your application.

Once your registration has been granted, you cannot change your registration start date.

#### **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.medicalradiationpracticeboard.gov.au/registration-standards** for further information.

14. 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.







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

15. 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 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, and
- provide details of your criminal history in a signed and dated written statement.

Check reference number
ntries and corresponding check
HC) reference page provided by
details of your criminal history in nstances.

16. 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.

NO.	X		Go	to	the	next	question
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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 <b>must</b> attach a separate sheet if the list of overseas countrie reference number does not fit in the space provided.	s and corresponding check
You <b>must</b> attach the international criminal history check (ICHC) rethe approved vendor.	eference page provided by

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



A list of approved recognised countries and an evidence requirements guide is available at www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills

#### The combined education pathway

You must have a combination of secondary education and qualifications, where you have carried out and successfully completed:

- at least two years of your secondary education which was taught and assessed solely in English in a recognised country, and
- your qualification(s) for your profession, which were taught and assessed solely in English in a recognised country.

#### The advanced education pathway

You have carried out and successfully completed at least six years in total of (full-time equivalent) education, all taught and assessed solely in English in a recognised country which includes:

- your qualification(s) for your profession, and
- advanced education (tertiary) at a degree level (AQF level 7 or higher) which requires you to read, write, listen to and speak English.

A maximum of two years break while obtaining your qualifications and advanced education will be accepted.

The last period of education must have been completed no more than two years before applying for registration.

#### The school education pathway

Your main language is English and you have carried out and successfully completed:

- at least 10 years of your primary and secondary school education which was taught and assessed solely in English in a recognised country, and
- your qualification(s) for your profession, which were taught and assessed in any country solely in English.

#### The test pathway

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

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

0	Ahpra may verify the information you provide below. For more information, see <i>English language skills</i> in the <i>Information and definitions</i> section of this form. If a qualification that was relied on for registration is not an approved program of study, you <b>must</b> provide confirmation that the course was taught and assessed solely in English. A list of approved programs of study is available at <b>www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study</b>
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The combined education pathway

Provide details of secondary and tertiary education in the table below, then go to question 21

The advanced education pathway

Provide details of vocational and tertiary education in the table below, then go to question 21

The school education pathway

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 21

The test pathway

You do not need to complete the table below. Go to question 18

#### 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	Recognised country  If applicable	Study status
Study commenced:	Primary				Full time
MMYYYYY	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				
Study commenced:	Primary				Full time
MMYYYYY	Secondary				Part time
Study completed:	Vocational				
MM Y Y Y Y	Tertiary				
Study commenced:	Primary				Full time
MM Y Y Y Y	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				

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

If a qualification specified above was relied on for registration and is **not** an approved program of study, you **must** provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English.

If the transcript does not confirm that the course was taught and assessed solely in English, you **must** arrange for a letter in the required form to be provided directly to Ahpra by the education provider confirming that the course was taught and assessed solely in English.

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18. Were your results from the English language tests obtained in one or two sittings?	In certain circumstances, you can use English language test results from a maximum of two test sittings in a 12 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  Two sittings Provide dates below, then go to the next question and complete details for both sittings
	Sitting one DD/MM/YYYY Sitting two DD/MM/YYYYY
	age tests have you successfully completed? the test(s) you are relying on and attach a copy of your test results.
Cambridge (C1 Advanced or C Verification number – sitting one The Board requires Cambridge v in the writing component.	
Test report form number – sittin	A
components, and a minimum sc  Occupational English Test (OE Candidate number – sitting one:  The Board requires the OET with	
component.  Pearson Test of English Acade Registration ID – sitting one:  The Board requires the PTE Acade	Registration ID – sitting two (if applicable):  demic with a minimum overall score of 66 and a minimum score of 66 in the listening, reading, and speaking
Test of English as a Foreign La Registration number – sitting on	imum of 56 in the writing communicative skill.  Inguage internet-based test (TOEFL iBT)  e: Registration number – sitting two (if applicable):  T with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 24 for writing, and 23 for
the reference number(s	e test(s) were completed within the past two years, you <b>must</b> provide a copy of your test results, including ), so that Ahpra can verify your results.  e test(s) were not completed within the past two years, you <b>must</b> provide a certified copy of your results.
20. Were your results from the above-mentioned English language tests obtained in the past two years?	YES NO In order for your results to be accepted, within 12 months of completing your test(s) you <b>must</b> have commenced:  • continuous employment as a registered health practitioner or in another relevant health, disability, or aged care related role where English was the primary language of practice in a recognised country, <b>and/or</b> • continuous enrolment in an approved program of study.  You <b>must</b> lodge this application within 12 months of completing the employment and/or program of study.
	You <b>must</b> attach a certified copy of your English language test results, <b>and</b> :  • your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner or in another relevant health, disability, or aged care related role in a recognised country (if you are relying on continuous employment over two years in duration, only two years is required), <b>and/or</b>

 an academic transcript evidencing that you were enrolled continuously in a Board-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

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



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





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



To meet the Board's Registration standard: Recency of practice, you are required to have practised at least 450 hours within the previous three years. If you don't meet the standard, you will be required to provide information to help the Board make a decision about your application.

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

I am a recent graduate and my qualification for registration was awarded in the last two years.

I have practised a minimum of 450 hours in the last three years.





You **must** attach evidence of your practice and professional development history. that includes:

- your detailed practice history that establishes your post qualification experience including when you last practised
- any professional development activities undertaken in the past three years, and
- any formal education or training undertaken in the last three years.

23. 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.

24. 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.

25. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?









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

26. 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.

27. 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).





N0



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

28. 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?



NO



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

#### **SECTION I:** Obligations, consent and declaration



**Before you sign and date this form,** make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. 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.
- 3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
- 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
  - 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;
  - b) if the practitioner is employed by another entity—
    - (i) the name of the practitioner's employer; and
    - (ii) the address and other contact details of the practitioner's employer.
- 8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

## Consent to nationally coordinated criminal history check

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

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

#### **Declaration**

#### I declare that:

- the statements made, and any documents provided, in support of this
  application are true and correct, and
- I am the person named in this application and in any documents provided. I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I **confirm** that if I advertise any of my services or my business, the advertising\* complies with section 133 of the National Law and the National Board's Adverting Guidelines as it:

- Is not false, misleading or deceptive or likely to be misleading or deceptive
- does not offer a gift, discount or other inducement without stating the terms and conditions of the offer
- does not use testimonials or purported testimonials about the service or business
- · does not create an unreasonable expectation of beneficial treatment, and
- does not directly or indirectly encourage the indiscriminate or unnecessary use of my services.

\*For information about advertising obligations please see the advertising resources page on:

### https://www.ahpra.gov.au/Publications/Advertising-hub.aspx | acknowledge that:

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

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

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

Signature of applicant
SIGN HERE
Name of applicant
Date

#### **SECTION J:** Payment

#### You are required to pay BOTH an application fee and a registration fee.

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.

# Application fee: \$221 + \$INSERT FEE Registration fee \$221 Registration fee for NSW registrants \$174 - Registration fee for NSW registrants \$174 - Amount payable: \$INSERT FEE Applicants must pay 100% of the stated fees at the time of submitting the application.

1

#### **Registration period**

The annual registration period for the medical radiation practice profession is from 1 December to 30 November.

If your application is made between 1 October and 30 November this year, you will be registered until 30 November next year.

#### Refund rule:

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

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

Amount payable	Name on card
\$	
<u> </u>	Cardholder's signature
/isa or Mastercard number	out attribute of signature
	SIGN HERE
Expiry date CW	JE SIGN FIERE
MM/YY	

#### **SECTION K:** Checklist



Please label each attachment with the corresponding question number.

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

Additional dod	cumentation	Attached
Question 2	Evidence of a change of name (if required)	$\times$
Question 4	Certified copies of all documents that provide sufficient evidence of your identity	X
Question 6	Certified copies of all documents that provide sufficient evidence of your identity	X
Question 11	Certified copies of all of your relevant qualifications approved or considered to be equivalent by the Board	X
Question 11	A separate sheet with additional qualifications	X
Question 12	Certificate of Registration status or Certificate of Good Standing has been requested from the relevant authority	X
Question 12	A separate sheet with additional registration details (if required)	X
Question 14	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	X
Question 15	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	X
Question 15	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	$\times$
Questions 15 & 16	ICHC reference page provided by the approved vendor	$\times$
Question 16	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	$\times$
Question 17	A separate sheet with any additional qualification details	$\times$
Question 17	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	$\times$
Question 19	Copy of your English language test results	$\times$
Question 20	Certified copy of your English language test results	$\times$
Question 20	Evidence of continuous employment as a registered health practitioner or in a relevant health, disability, or aged care related role where English was the primary language of practice and/or continuous enrolment in an approved program of study	$\times$
Question 22	Evidence of your practice and professional development history	X
Question 23	A separate sheet with your impairment details	X
Question 24	A separate sheet with your previous suspension or cancellation details	$\times$
Question 25	A separate sheet with your cancellation, refusal or suspension details	$\times$
Question 26	A separate sheet with your previous conditions, undertakings or limitation details	$\times$
Question 27	A separate sheet with your disqualification details	$\times$
Question 28	A separate sheet with your conduct performance or health proceedings	$\times$
Payment		
	Application fee	$\times$
	Registration fee	$\times$

Do not email this form.

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

Effective from: 18 September 2025

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#### **Information and definitions**

#### **CERTIFYING DOCUMENTS**

#### DO NOT send original documents.

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

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

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

#### **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
- Deed poll
- Change of name certificate

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

#### **CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

Practitioners must complete a minimum of 60 hours of CPD activities over a three-year cycle with a minimum of 10 hours in any one year.

For more information, view the full registration standard online at **www.medicalradiationpracticeboard.gov.au/registration-standards** or the Board's CPD guidelines online at

www.medical radiation practice board. gov. au/codes-guide lines

#### **CRIMINAL HISTORY**

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

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

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

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

You may be required to obtain international criminal history reports.

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

#### **CURRICULUM VITAE**

Your curriculum vitae must:

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

For practitioners returning to practice after a period of absence between three and five years, you must detail the level of CPD undertaken during the period of absence. It must also contain all the elements defined in Ahpra's standard format for curriculum vitae which can be found at www.ahpra.gov.au/cv

#### **ENGLISH LANGUAGE SKILLS**

To be eligible for registration you must be able to provide evidence of English language skills that meet the Board's *English language skills registration standard*.

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

#### **IMPAIRMENT**

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

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

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

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

#### **PRACTICE**

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

#### PROFESSIONAL INDEMNITY INSURANCE (PII)

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

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

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

#### **RECENCY OF PRACTICE**

You are required to maintain the currency of your practice. To meet the standard you must have you have practiced in the profession for at least 450 hours in the past three years. If you are registered in more than one division, you must show that you have practiced for at least 450 hours in each of the relevant divisions of registration (diagnostic radiography, radiation therapy nuclear medicine technology).

If you do not meet this requirement you will be asked to provide information that will allow the Board to decide what requirements are necessary to enable you to return to practice safely. These requirements may include an assessment of your competence, additional professional development, a period of supervised practice and/or impose conditions on your registration. For more information, view the full registration standard online at <a href="https://www.medicalradiationpracticeboard.gov.au/registration-standards">www.medicalradiationpracticeboard.gov.au/registration-standards</a> And guidelines online at <a href="https://www.medicalradiationpracticeboard.gov.au/codes-guidelines">www.medicalradiationpracticeboard.gov.au/codes-guidelines</a>

#### **REGISTRATION APPROVAL DATES**

**On the date of the Board's approval** – this means your registration will start on the date all application requirements are received and you're assessed as eligible for registration.

On the date below or the date of the Board's approval, whichever is the latter – this means your registration will start on the date you nominated, providing it is after the date of the Board's approval. If not, then your registration will start on the date of the Board's approval.

## Applications **Proof of identity**

Before continuing, please refer to the Proof of identity requirements available at www.ahpra.gov.au/identity.

ı.	. Do you have an Australian residential address?
	Yes – You will be asked to complete your identity verification through Ahpra's third party vendor, InstaID+. For further information, please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity
	No – Go to the next question
2.	. Do you hold a current Australian or overseas passport?
	Yes – Select one option
	I have an Australian passport – Go to question 3
	I have an overseas passport – Go to question 4
	No - You cannot proceed with this application. We must be able to verify your identity, we cannot verify your identity without a current passport.
3.	<ul> <li>Can you provide the following proof of identity documents:</li> <li>one 'commencement of identity' document (e.g. Australian passport, Australian birth certificate)</li> <li>one 'primary use in the community' document (e.g. Australian drivers licence, Overseas Passport)</li> <li>two 'secondary use in the community' documents (e.g. Medicare card, Australian institution Tertiary Student Photo IE Foreign government issued document)</li> </ul>
	Yes - Thank you, no further questions. You will be asked to complete your identity verification through Ahpra's third party vendor, InstalD+. For further information, please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity.
	No – Go to the next question
1.	<ul> <li>For Ahpra to verify your identity, can you provide two (2) of the following documents:</li> <li>a current Australian visa</li> <li>a current foreign driver's licence</li> <li>foreign birth certificate</li> <li>foreign identity card</li> <li>credit or debit card</li> <li>Yes - You will be asked to complete your identity verification through Ahpra's third party vendor, InstaID+. For further information,</li> </ul>
	please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity  No -
	You cannot proceed with this application. We must be able to verify your identity, we cannot verify your identity.

#### **Identity verification**

You are required to verify your identity.

To complete your identity check, once your application is received by Ahpra, you will be sent a link with instructions. The link will take you to our third party vendor InstalD+ website.

- You will be asked to take a selfie photo of your face with your photo ID and take photos of your identity documents. This will include any change of name evidence if you have changed your name
- You can do your identity check from your desktop (with a web camera) or mobile phone.
- Your documents are checked in real-time for authenticity and tampering. Facial recognition and liveness test are completed, and your identity details are checked against issuing authority databases for validity.
- If required, InstalD+ Customer Support may contact you directly if there is any follow up required about your identity check.

You must lodge your identity verification within 30 days to avoid your application being discontinued. If your application is discontinued, a refund of all fees will be provided.

If you have any questions, or require assistance with the identify verification, please contact InstaID+ on 1800 080 095.

Please refer to the Proof of identity requirements available at www.ahpra.gov.au/identity

An incomplete identity verification may delay processing and could result in your application for registration being withdrawn.