




## Application for an additional division of registration For medical radiation practitioners with current registration Profession: **Medical radiation practice**

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

This form is for medical radiation practitioners who currently hold general registration under section 52 of the National Law and who wish to apply for an additional division(s) of registration.

It is important that you refer to the Board's registration standards when completing the form. Registration standards, codes and guidelines can be found at [www.medicalradiationpracticeboard.gov.au](http://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](http://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](http://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.

### 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.

## 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 birth details?

Title\* MR  MRS  MISS  MS  DR  OTHER

Family name\*


First given name\*

Middle name(s)\*

Previous names known by (e.g. maiden name)

Date of birth  /  /

Country of birth

 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 *Change of name* in the *Information and definitions* section of this form.

### 2. What is your registration number?

Registration number



## SECTION B: Registration division(s)

3. In which division(s) are you currently registered?

Mark all options applicable to your current registration

- Diagnostic radiography
  Radiation therapy
  Nuclear medicine technology

4. In which additional division(s) are you applying for registration?

Mark all options applicable to your application

- Diagnostic radiography
  Radiation therapy
  Nuclear medicine technology

## SECTION C: 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](http://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).

5. 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 **must** 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 D: Recent practice in the new division(s)

6. 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.

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

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

NO



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.



## SECTION E: 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

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

#### Professional indemnity insurance arrangements

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

#### Notice of certain events

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

#### Change in principal place of practice, address or name

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

#### Employer's details

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

### 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.

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 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, 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.

I am aware that personal information that I provide may be given to a third party for regulatory purposes, consistent with the National Law.

AHPRA may confirm your registration details along with your date of birth to entities (such as prospective employers) seeking to verify that information. AHPRA will only do this where the recipient promises they have your consent.

Signature of applicant



SIGN HERE

Name of applicant

Date

 /  /



## SECTION F: Payment



You are required to pay an application fee.

Your required payment is detailed below:

<div style="background-color: #0070C0; color: white; padding: 5px; font-weight: bold;">Application fee:</div> <div style="font-size: 24px; font-weight: bold; margin-top: 10px;">\$191</div>	=	<div style="background-color: #C00000; color: white; padding: 5px; font-weight: bold;">Amount payable:</div> <div style="font-size: 24px; font-weight: bold; margin-top: 10px;">\$191</div> <div style="font-size: 12px; margin-top: 10px;">Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.</div>
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### Registration period

The annual registration period for the medical radiation practice profession is from **1 December to 30 November**. If your application for an additional division(s) of registration is approved it will automatically align with the registration period of your existing registration.

### 7. How are you paying your fee?



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

#### Mark one box below only



▶ Visa or MasterCard  
**Complete credit/debit card payment slip below**



▶ Cash/EFTPOS  
(only available if paying in person)



▶ Cheque/Money order/Bank draft



**You must attach cheque or money order 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
- registration number (if you have one).

## Credit/Debit card payment slip – please fill out

Amount payable

Visa or MasterCard number

Expiry date

 / 

Name on card

Cardholder's signature

SIGN HERE



## SECTION G: Checklist



Please label **each attachment** with the corresponding question number.

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

<i>Additional documentation</i>		Attached
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 5</b>	Certified copies of <b>all</b> of your relevant qualifications approved or considered to be equivalent by the Board	<input type="checkbox"/>
<b>Question 5</b>	A separate sheet with additional qualifications	<input type="checkbox"/>
<b>Question 6</b>	Evidence of your practice and professional development history	<input type="checkbox"/>
<i>Payment</i>		
	Application fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name is written on the back	<input type="checkbox"/>

## 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](http://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](http://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](http://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
- Deed poll
- Change of name certificate

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

### 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](http://www.ahpra.gov.au/cv)

### 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.

### REGENCY 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 [www.medicalradiationpracticeboard.gov.au/registration-standards](http://www.medicalradiationpracticeboard.gov.au/registration-standards) And guidelines online at [www.medicalradiationpracticeboard.gov.au/codes-guidelines](http://www.medicalradiationpracticeboard.gov.au/codes-guidelines)

Please post this form with payment and required attachments to:

**AHPRA**  
**GPO Box 9958**  
**IN YOUR CAPITAL CITY** (refer below)

You may contact the AHPRA on 1300 419 495 or you can lodge an enquiry at [www.ahpra.gov.au](http://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