



Application for non-practising registration Profession: Medical radiation practice

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

This form is for medical radiation practitioners 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 medical radiation practitioner if you:

- 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 medical radiation practitioner. Additional registration types can be found on the Medical Radiation Practice Board of Australia's (the Board) website www.medicalradiationpracticeboard.gov.au

It is important that you refer to the Board's registration standards, codes and guidelines when completing the form. Registration standards, 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.



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: Registration division(s)

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

Family name*

First given name*

Middle name(s)*

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

Date 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.



3. What are your birth and personal details?

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)
 VIC NSW QLD SA WA NT TAS ACT

Sex*
 MALE FEMALE INTERSEX/INDETERMINATE

Languages spoken fluently other than English (optional)*

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?



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/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State or territory (e.g. VIC, ACT)/**International province*** **Postcode/ZIP***

Country (if other than Australia)



6. What is your mailing address?

My residential address

Your mailing address is used for postal correspondence.

Other (*Provide your mailing address below*)

Site/building and/or position/department (if applicable)

Two empty text input boxes for site/building and/or position/department.

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Four empty text input boxes for address/PO Box.

City/Suburb/Town

One empty text input box for City/Suburb/Town.

State or territory (e.g. VIC, ACT)/International province

One empty text input box for State or territory.

Postcode/ZIP

One empty text input box for Postcode/ZIP.

Country (if other than Australia)

One empty text input box for Country.

7. Are you currently a registered medical radiation practitioner under the National Law?

YES

NO Go to question 8

Please provide your AHPRA registration number below

Registration number*

Text input box containing 'M R P' followed by empty boxes.

Go to Section F: Suitability statements

SECTION D: Registration history

8. 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?

YES

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 8** of this form for your AHPRA state office address.

Most recent registration

State/Territory/Country

Text input box for State/Territory/Country.

Profession

Text input box for Profession.

Period of registration

DD / MM / YYYY to DD / MM / YYYY

Additional registration

State/Territory/Country

Text input box for State/Territory/Country.

Profession

Text input box for Profession.

Period of registration

DD / MM / YYYY to DD / MM / YYYY



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



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.

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

YES

NO **Go to the next question**



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.

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.

10. 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.

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

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



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



SECTION F: Suitability statements

i 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.

11. Do you currently hold registration with the Medical Radiation Practice Board of Australia?
YES **Go to the next question**
NO **Go to question 14**

12. Since your last declaration to AHPRA, has there been any change to your criminal history in Australia that you have not declared to AHPRA?
w 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 NO

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

13. Since your last declaration to AHPRA, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to AHPRA?
NO **Go to question 17**

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.**

i 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.

Provide details below, then go to question 17

Country	Check reference number

p You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

p You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

p 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.

14. Do you have any criminal history in Australia?
w 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 NO

p 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?

NO Go to the next question

YES You are required to:

- obtain an international criminal history check from an approved vendor for each country and provide details below, and
- provide details of your criminal history in a signed and dated written statement.

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

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

Country	Check reference number

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

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

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?

NO Go to the next question

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

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

Country	Check reference number

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

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

YES NO

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

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

YES NO

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

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

YES NO

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



20. 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).

YES NO 

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

21. 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?

YES NO 

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

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.

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

1. 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

2. 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

3. 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
- (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
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- AHPRA uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable AHPRA to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

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

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

I understand AHPRA may:

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

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

I confirm that I have 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 medical radiation practitioner.

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

 / /

SECTION H: Registration period



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**.

22. If this application is approved, when would you like your non-practising registration to begin?

On the date of the Board's approval

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

Commencement date

 / /


Non-practising registration expires at the end of the registration period.

23. Do you currently hold registration with the Board?

YES Provide details below

NO Go to Section I: Payment

When are you applying for this application?

Between 1 October to 30 November

You are required to pay a registration fee only:

Amount payable:	
\$ INSERT FEE	
Registration fee	\$63
Registration fee for NSW registrants	\$61

Go to question 24

Between 1 December and 30 September

You are not required to pay any fees with this application
Go to Section J: Checklist

Please note, where you have not paid a registration fee for the current registration period you will be required to pay the registration fee.

**SECTION I: Payment****Your required payment is detailed below:**

Use the table below to select your application fee and registration fee.

Application fee:	\$191	+	Registration fee:	\$ INSERT FEE	=	Amount payable:	\$ INSERT FEE
			Registration fee	\$63		Applicants must pay 100% of the stated fees at the time of submitting the application.	
			Registration fee for NSW registrants	\$61			

**Refund rules**

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

24. How are you paying your fees?

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

A receipt will be provided.

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).

Please post this form with payment and required attachments to:

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

You may contact AHPRA on
 1300 419 495 or you can lodge an enquiry
 at www.ahpra.gov.au

Sydney NSW 2001
 Adelaide SA 5001

Canberra ACT 2601
 Perth WA 6001

Melbourne VIC 3001
 Hobart TAS 7001

Brisbane QLD 4001
 Darwin NT 0801

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 J: Checklist

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

<i>Additional documentation</i>		Attached
Question 2	Evidence of a change of name	<input type="checkbox"/>
Question 8	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
Question 8	A separate sheet with additional registration history details	<input type="checkbox"/>
Question 9	A certified copy of a foreign passport	<input type="checkbox"/>
Question 10	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Questions 12 & 14	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Questions 13 & 15	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
Questions 13, 15 & 16	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	<input type="checkbox"/>
Questions 13, 15 & 16	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question 17	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
Question 18	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
Question 19	A separate sheet with your conditions, undertakings or limitations details	<input type="checkbox"/>
Question 20	A separate sheet with your disqualifications details	<input type="checkbox"/>
Question 21	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
<i>Payment</i>		
	Application fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	<input type="checkbox"/>
	Registration fee	<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
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

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

CHANGE OF NAME

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

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

- Standard marriage certificate
- 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.medicalradiationpracticeboard.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.