




## Application for Trans Tasman mutual recognition Profession: Medical radiation practice

Division 2 of Part 3 of the *Trans-Tasman Mutual Recognition Act*

This form is for applicants applying for registration as a medical radiation practitioner in Australia under the *Commonwealth Trans Tasman Mutual Recognition Act 1997*.

Applicants must have current registration with the Medical Radiation Technologists Board of New Zealand (MRTBNZ). Applicants who do not have current registration with the MRTBNZ must complete *AGEN-91 – Application for general registration*.

It is important that you refer to the Medical Radiation Practice Board of Australia's (the Board) registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at [www.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.
-  **Mail document(s) directly to AHPRA**  
Requires delivery of documents by an organisation or the applicant.

### Completing this form

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

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

## SECTION A: Eligibility for Trans Tasman mutual recognition

1. Do you currently hold registration as a medical radiation practitioner in New Zealand?

YES



You **must** attach to your application evidence of your existing registration as a medical radiation practitioner in New Zealand, as required in *Section B: Registration type and division(s)* of this application form.

NO



You are **not eligible for Trans Tasman mutual recognition**. Please use form AGEN-91 to apply for general registration as a medical radiation practitioner.

2. In New Zealand, Australia or another country:

- are you subject to disciplinary proceedings or any preliminary investigations or action that might lead to disciplinary proceedings
- is your registration cancelled or currently suspended as the result of disciplinary action
- are you personally prohibited from carrying on practice as a medical radiation practitioner, and/or
- are you subject to any special conditions as a result of criminal, civil or disciplinary proceedings?

YES, in Australia and/or New Zealand



You are **not eligible for Trans Tasman mutual recognition**. Please use form AGEN-91 to apply for general registration as a medical radiation practitioner.

YES, in a country other than Australia or New Zealand



You **must** attach details to this application.

NO



3. In New Zealand, Australia or overseas, are you subject to any special conditions in carrying on practice as a medical radiation practitioner?

YES

NO

You **must** attach to this application details of any special conditions.

**SECTION B: Registration type and division(s)**

4. Which registration type and corresponding division(s) of the profession are you applying for registration for in Australia?

General registration

**Mark all options applicable to your application**

Diagnostic radiography       Radiation therapy       Nuclear medicine technology

You **must** attach evidence of your existing registration as a medical radiation practitioner in New Zealand. This must include a complete and accurate copy of your current annual practising certificate.

Non-practising registration

You **must** attach evidence of your existing non-practising registration as a medical radiation practitioner in New Zealand. This must include a complete and accurate copy of your current registration certificate.

**The registration type and division(s) you are applying for in Australia must correspond with the type of registration you hold in New Zealand. If you select general registration, you may not select non-practising registration.**

**SECTION C: Personal details**

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

5. 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.

6. 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 D: Proof of identity

**i** 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](http://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.

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

YES

NO  **Go to the next question**

**i** 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](http://www.ahpra.gov.au/identity) for further information.

**Attachment required below – then go to Section E: Contact information**



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

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

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

**i** 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](http://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"/>
New Zealand passport	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian Medicare card	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 PAYG payment summary	NA	NA	<input checked="" type="checkbox"/>
ImmiCard	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian motor vehicle registration	NA	NA	<input checked="" type="checkbox"/>
Australian citizenship certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian Taxation Assessment Notice	NA	NA	<input checked="" type="checkbox"/>
Australian passport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian insurance policy	NA	NA	<input checked="" type="checkbox"/>
Australian motor vehicle licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian pension/healthcare card	NA	NA	<input checked="" type="checkbox"/>
Foreign passport	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Category D documents</b>			
Australian Working with Children/ Vulnerable People Card	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 firearms or shooter's licence	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"/>			
Australian student ID card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian rate notice <input checked="" type="checkbox"/>			
Intl. or foreign motor vehicle licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Current Australian lease or tenancy agreement <input checked="" type="checkbox"/>			
Australian proof of age card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian utility account <input checked="" type="checkbox"/>			
Australian government benefits	NA	NA	<input checked="" type="checkbox"/>	Australian electoral enrolment card <input checked="" type="checkbox"/>			
Australian academic transcript	NA	NA	<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 E: Contact information



Once registered, you can change your contact information at any time. Please go to [www.ahpra.gov.au](http://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.

### 9. 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**

### 10. 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.

**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)**

### 11. Will the address of your principal place of practice be the same as your residential address?

YES

NO  *Provide your Australian principal place of practice below*



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.

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

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

**City/Suburb/Town\***

**State/Territory\*** (e.g. VIC, ACT) **Postcode\***



12. What is your mailing address?

My residential address

My principal place of practice

Other (*Provide your mailing address below*)

**i** Your mailing address is used for postal correspondence.

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

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

**City/Suburb/Town**

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

**Country (if other than Australia)**



## SECTION F: Qualification for the profession

**13. What are the details of the qualification or other method on which your registration in New Zealand is based?**

**Qualification and examinations/assessments**

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date  
 /  
 /

**Additional qualification and examinations/assessments**

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date  
 /  
 /

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

## SECTION G: Suitability statements

Refer to [www.medicalradiationpracticeboard.gov.au/registration-standards](http://www.medicalradiationpracticeboard.gov.au/registration-standards) for further information about the requirements set out in the Board's registration standards.

**14. Are you applying for non-practising registration?**

YES  *Go to Section H: Obligations and consent*

NO  *Go to the next question*

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

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

YES  NO



## SECTION H: 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 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 complete, true and correct, and
- I am the person named in this application and in the documents provided.

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

Signature of applicant

SIGN HERE

Name of applicant

Date

D

D

/

M

M

/

Y

Y

Y

Y





**SECTION I: Payment**



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

**Your required payment is detailed below**

Use the table below to select your 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.

<b>Application fee:</b>	<b>\$191</b>	+	<b>Registration fee:</b>	<b>\$ INSERT FEE</b>	=	<b>Amount payable:</b>	<b>\$ INSERT FEE</b>									
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Registration type</th> <th style="text-align: center;">National fee</th> <th style="text-align: center;">NSW fee</th> </tr> </thead> <tbody> <tr> <td>General registration</td> <td style="text-align: center;">\$191</td> <td style="text-align: center;">\$140</td> </tr> <tr> <td>Non-practising registration</td> <td style="text-align: center;">\$63</td> <td style="text-align: center;">\$61</td> </tr> </tbody> </table>	Registration type	National fee	NSW fee	General registration	\$191	\$140	Non-practising registration	\$63	\$61			Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.
Registration type	National fee	NSW fee														
General registration	\$191	\$140														
Non-practising registration	\$63	\$61														

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

**16. How are you paying your fees?**

**i** 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**

Cheque/Money order/Bank draft

Cash/EFTPOS  
 (only available if paying in person)

**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
  - AHPRA registration number (if you have one).

**Please post this form with payment and required attachments to:**

**AHPRA**  
**GPO Box 9958**  
**Melbourne VIC 3001**

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

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

Amount payable <input style="width: 100%;" type="text" value="\$"/>	Name on card <input style="width: 100%;" type="text"/>
Visa or MasterCard number <input style="width: 100%; height: 20px;" type="text"/>	Cardholder's signature <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> <span style="font-size: 2em; color: #0070C0;">SIGN HERE</span> </div>
Expiry date <input style="width: 20px; height: 20px;" type="text" value="MM"/> / <input style="width: 20px; height: 20px;" type="text" value="YY"/>	



## SECTION J: Checklist

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

<i>Additional documentation</i>		Attached
<b>Question 2</b>	Details of any disciplinary proceedings, preliminary investigations, action that may lead to disciplinary proceedings, cancellations, suspensions, prohibitions and/or special conditions	<input type="checkbox"/>
<b>Question 3</b>	Details of any special conditions	<input type="checkbox"/>
<b>Question 4</b>	Evidence of existing registration as a medical radiation practitioner in New Zealand	<input type="checkbox"/>
<b>Question 5</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 7</b>	A certified copy of a foreign passport	<input type="checkbox"/>
<b>Question 8</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question 13</b>	A separate sheet with your qualification details	<input type="checkbox"/>
<i>Payment</i>		
	Application fee	<input type="checkbox"/>
	Registration 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 initialed 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.

### 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](http://www.medicalradiationpracticeboard.gov.au/registration-standards) or the Board's CPD guidelines online at [www.medicalradiationpracticeboard.gov.au/codes-guidelines](http://www.medicalradiationpracticeboard.gov.au/codes-guidelines)

### 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](http://www.medicalradiationpracticeboard.gov.au/registration-standards)

### IMPAIRMENT

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

### PRACTICE

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

### PROFESSIONAL INDEMNITY INSURANCE (PII)

You must have PII, or some alternative form of indemnity cover that complies with the Board's registration standard, for all aspects of your practice. Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII - you will need to confirm this with your employer.

For more information, view the full registration standard online at [www.medicalradiationpracticeboard.gov.au/registration-standards](http://www.medicalradiationpracticeboard.gov.au/registration-standards)