




## Application for provisional registration for students completing an approved program of study requiring a period of supervised practice Profession: **Medical radiation practice**

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

This form is for students who are completing an approved program of study, who have never been registered or practised as a health practitioner in Australia or overseas **and are eligible for provisional registration.**

This is an application for provisional registration as a medical radiation practitioner in Australia. This application must be lodged, with all supporting documents, in the capital city of the state or territory where the approved program of study has been completed. It is important that you refer to the Medical Radiation Practice Board of Australia (the Board) registration standards before completing this application. Registration standards and other relevant codes and guidelines can be found at [www.medicalradiationpracticeboard.gov.au](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: Registration division(s)

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

Mark all options applicable to your application

- Diagnostic radiography       Radiation therapy       Nuclear medicine technology

## SECTION B: Personal details

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

2. What is your name and date of birth?

Title\* MR  MRS  MISS  MS  DR  OTHER

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: Application criteria**

**4. Have you ever been registered or practised as a health practitioner in Australia or overseas?**

YES

NO

**You must complete AGEN-91 – Application for general registration.**  
 This form is available online at [www.medicalradiationpracticeboard.gov.au](http://www.medicalradiationpracticeboard.gov.au)

Go to the next question

**5. At what academic institution are you completing your study?**

**Name of institution**

**Country**

**State/Territory (if in Australia)**  
 VIC  NSW  QLD  SA  WA  NT  TAS  ACT

**6. What is your student identification number?**

**Student identification number**

**SECTION D: 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.

**7. 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)**



**8. 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*

- i** 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\***

**9. What is your mailing address?**

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

- My residential address
- My principal place of practice
- Other (*Provide your mailing address below*)

**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)**

**10. 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**



## SECTION E: 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.

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

YES

NO  **Go to the next question**

**Attachment required below – then go to Section F: Qualification for the profession**



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.

**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.

**12. 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"/>
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"/>	<b>Category D documents</b>			
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"/>				
Intl. or foreign motor vehicle 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 proof of age card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian rate notice			<input checked="" type="checkbox"/>
Australian government benefits	NA	NA	<input checked="" type="checkbox"/>	Current Australian lease or tenancy agreement			<input checked="" type="checkbox"/>
Australian academic transcript	NA	NA	<input checked="" type="checkbox"/>	Australian utility account			<input checked="" type="checkbox"/>
Australian registration certificate	NA	NA	<input checked="" type="checkbox"/>	Australian electoral enrolment card			<input checked="" type="checkbox"/>



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



# SECTION F: Qualification for the profession



Please refer to [www.medicalradiationpracticeboard.gov.au/accreditation](http://www.medicalradiationpracticeboard.gov.au/accreditation) for a 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).

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



As a student completing studies at an Australian university you may not yet have your qualification conferred, and are therefore unable and not required to provide a copy of your degree 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 or state/territory (Australian qualifications only)

Start date

Completion date

Length of program



If you have received your academic qualification you **must** attach a certified copy.



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



## SECTION G: Suitability statements


 Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to [www.medicalradiationpracticeboard.gov.au/registration-standards](http://www.medicalradiationpracticeboard.gov.au/registration-standards) for further information.

**14. Do you have any criminal history in Australia?**

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

YES  NO


 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.*


 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](http://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*

 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](http://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.



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

**i** An evidence requirements guide is available at [www.ahpra.gov.au/EnglishLanguageSkills](http://www.ahpra.gov.au/EnglishLanguageSkills).

*Recognised country* means one of the following countries:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

**Combined secondary and tertiary education pathway**

You have undertaken and satisfactorily completed:

- at least two years of secondary education that was taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English in a recognised country.

**Extended education pathway**

You have undertaken and satisfactorily completed at least six years' (full time equivalent) continuous education taught and assessed solely in English, in any of the recognised countries, which includes tertiary qualifications in the profession on which you are relying to support your eligibility for registration under the National Law.

**Primary language pathway**

*With overseas qualification in a non-recognised country*

English is your primary language and you have undertaken and satisfactorily completed:

- all of your primary and secondary education taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

**English language test pathway**

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

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

**i** AHPRA may verify the information you provide below.

For more information, see *English language skills* in the *Information and definitions* section of this form.

**i** If a qualification that was relied on for registration is not an approved program of study, you **must** provide confirmation that the course was taught and assessed solely in English. A list of approved programs of study is available at [www.ahpra.gov.au/Education/Approved-Programs-of-Study](http://www.ahpra.gov.au/Education/Approved-Programs-of-Study)

- Combined secondary and tertiary education pathway  **Provide details of secondary and tertiary education in the table below, then go to question 21**
- Extended education pathway  **Provide details of secondary, vocational and tertiary education in the table below, then go to question 21**
- Primary language pathway  This is a declaration that English is your primary language **Provide details of primary, secondary and tertiary education in the table below, then go to question 21**
- English language test pathway  **Go to question 18**

**Complete the following table of education undertaken in chronological order (earliest to most recent):**

Timeframe	Level of education	Program name <i>If applicable</i>	Education institution <i>Specify name and address</i>	Recognised country <i>If applicable</i>	Study status
Study commenced: MM/YYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM/YYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MM/YYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM/YYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MM/YYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM/YYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				

**i** Please attach a separate sheet with any additional details that do not fit in the space provided above.  
 If a qualification specified above was relied on for registration and is **not** an approved program of study, you **must** provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English.  
 If the transcript does not confirm that the course was taught and assessed solely in English, you **must** arrange for a letter in the required form to be provided directly to AHPRA by the education provider confirming that the course was taught and assessed solely in English.

**18. Were your results from the English language tests obtained in one or two sittings?**

**i** In certain circumstances, you can use English language test results from a maximum of two test sittings in a six month period. For more information, refer to the Board's *English language skills registration standard*.

- One sitting  **Provide date of test below, then go to the next question and complete details for one sitting**
- Two sittings  **Provide dates below, then go to the next question and complete details for both sittings**

Sitting one  /  /       Sitting two  /  /



**19. Which of these English language tests have you successfully completed?**

*Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results.*

**International English Language Test System (IELTS) Academic module**  
 Test report form number – sitting one:  Test report form number – sitting two (if applicable):   
 The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

**Occupational English Test (OET)**  
 Candidate number – sitting one:  Candidate number – sitting two (if applicable):   
 The Board requires the OET with a minimum score of B or 350 in each of the four components (listening, reading, writing and speaking).

**Pearson Test of English Academic (PTE Academic)**  
 Registration ID – sitting one:  Registration ID – sitting two (if applicable):   
 The Board requires the PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

**Test of English as a Foreign Language internet-based test (TOEFL iBT)**  
 Registration number – sitting one:  Registration number – sitting two (if applicable):   
 The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.



If your English language test(s) were completed within the past two years, you **must** provide a copy of your test results, including the reference number(s), so that AHPRA can verify your results.  
 If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.

**20. Were your results from the above-mentioned English language tests obtained in the past two years?**

YES  NO



In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced:

- continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice, **and/or**
- continuous enrolment in an approved program of study.

You **must** lodge this application within 12 months of completing the employment and/or program of study.



You **must** attach a certified copy of your English language test results, **and**:

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner in a recognised country (if you are relying on continuous employment over two years in duration, only two years is required), **and/or**
- an academic transcript evidencing that you were enrolled continuously in a Board-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

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



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

YES  NO

**22. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?**



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

YES  NO



You **must** attach to this application details of any impairments and how they are managed.

**23. Do you undertake to notify the Board of your principle place of practice details within 30 days of commencing practice?**

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

If I provide the Board details of an English language test I have completed, I authorise the Board to use the information I provide to verify those results with the test provider.

I understand the test provider may be overseas.

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:


- met the English language skills pathway requirements indicated on this form, and
- 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.

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.

<div style="background-color: #0070C0; color: white; padding: 5px; font-weight: bold;">Application fee:</div> <div style="font-size: 24px; font-weight: bold; color: #0070C0;">\$191</div>	+	<div style="background-color: #0070C0; color: white; padding: 5px; font-weight: bold;">Registration fee:</div> <div style="font-size: 24px; font-weight: bold; color: #0070C0;">\$ INSERT FEE</div> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="border: 1px solid #0070C0; padding: 2px;">Registration fee</td> <td style="text-align: right; border: 1px solid #0070C0; padding: 2px;">\$191</td> </tr> <tr> <td style="border: 1px solid #0070C0; padding: 2px;">Registration fee for NSW registrants</td> <td style="text-align: right; border: 1px solid #0070C0; padding: 2px;">\$140</td> </tr> </table>	Registration fee	\$191	Registration fee for NSW registrants	\$140	=	<div style="background-color: #C00000; color: white; padding: 5px; font-weight: bold;">Amount payable:</div> <div style="font-size: 24px; font-weight: bold; color: #C00000;">\$ INSERT FEE</div> <div style="font-size: 12px; margin-top: 5px;">Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.</div>
Registration fee	\$191							
Registration fee for NSW registrants	\$140							



### Registration period

Provisional registration is granted for a period of 12 months commencing from the date of approval. This means applicants for provisional registration are required to pay a registration fee that covers the full 12 month period of registration that is granted. Should a practitioner become eligible for general registration anytime within the 12 month registration period, the practitioner can apply for general registration, at which time an application fee and registration fee apply. The registration fee, payable to change to general registration, is calculated based on the remaining portion of the general registration fee, less the unused portion of the provisional registration fee. This is to ensure that the practitioner is not financially disadvantaged when changing registration types.

### 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

- |                                                                                                     |                                                                              |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Visa or MasterCard<br><b>Complete credit/debit card payment slip below</b> | <input type="checkbox"/> Cash/EFTPOS<br>(only available if paying in person) |
| <input type="checkbox"/> 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 J: Checklist



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

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

<i>Additional documentation</i>		Attached
<b>Question 2</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 11</b>	A certified copy of a foreign passport	<input type="checkbox"/>
<b>Question 12</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question 13</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 13</b>	A separate sheet with additional qualification details	<input type="checkbox"/>
<b>Question 14</b>	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
<b>Question 15</b>	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 15</b>	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	<input type="checkbox"/>
<b>Questions 15 &amp; 16</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question 16</b>	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 17</b>	A separate sheet with any additional qualification details	<input type="checkbox"/>
<b>Question 17</b>	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
<b>Question 19</b>	Copy of your English language test results	<input type="checkbox"/>
<b>Question 20</b>	Certified copy of your English language test results	<input type="checkbox"/>
<b>Question 20</b>	Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	<input type="checkbox"/>
<b>Question 22</b>	A separate sheet with your impairment 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"/>

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  
 Adelaide SA 5001

Canberra ACT 2601  
 Perth WA 6001

Melbourne VIC 3001  
 Hobart TAS 7001

Brisbane QLD 4001  
 Darwin NT 0801



## Information and definitions

### CERTIFYING DOCUMENTS

**DO NOT send original documents unless specified.**

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

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at [www.ahpra.gov.au/registration/registration-process](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.

### 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)

### ENGLISH LANGUAGE SKILLS

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

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