Medical Radiation Practice Board Ahpra

# 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**

**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.

**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 ☐

STOP **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

STOP **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?**

**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.**

☐ 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 an 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 an accurate copy of your current registration certificate.

## 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 SPECIFY

**Family name***

**First given name***

**Middle name(s)***

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

**Date of birth** D D / M M / Y Y Y Y

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

**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.

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

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.

YES ☐ NO ☐ ***Go to the next question***

***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** for further information.

**8. 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: A | B | C | Documents | Category used: A | B | C |
|---|---|---|---|---|---|---|---|
| Australian birth or adoption certificate | ☐ | NA | ☐ | Australian financial institution account | NA | NA | ☐ |
| New Zealand passport | ☐ | NA | ☐ | Australian Medicare card | NA | NA | ☐ |
| Australian visa (Foreign passport must be selected as evidence for Category B) | ☐ | NA | ☐ | Australian PAYG payment summary | NA | NA | ☐ |
| ImmiCard | ☐ | NA | ☐ | Australian motor vehicle registration | NA | NA | ☐ |
| Australian citizenship certificate | ☐ | NA | ☐ | Australian Taxation Assessment Notice | NA | NA | ☐ |
| Australian passport | ☐ | ☐ | ☐ | Australian insurance policy | NA | NA | ☐ |
| Australian motor vehicle licence | NA | ☐ | ☐ | Australian pension/healthcare card | NA | NA | ☐ |
| Foreign passport | NA | ☐ | ☐ | **Category D documents** | | | |
| Australian Working with Children/ Vulnerable People Card | NA | ☐ | ☐ | 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 | ☐ | ☐ | | | | |
| Australian student ID card | NA | ☐ | ☐ | I have used a Category B or C document that has my current residential address | | | ☐ |
| Intl. or foreign motor vehicle licence | NA | ☐ | ☐ | | | | |
| Australian proof of age card | NA | ☐ | ☐ | Australian rate notice | | | ☐ |
| Australian government benefits | NA | NA | ☐ | Current Australian lease or tenancy agreement | | | ☐ |
| Australian academic transcript | NA | NA | ☐ | Australian utility account | | | ☐ |
| Australian registration certificate | NA | NA | ☐ | Australian electoral enrolment card | | | ☐ |

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** 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?

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)**

## 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 M M / Y Y Y Y

Completion date M M / Y Y Y Y

**Additional qualification and examinations/assessments**

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

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** 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, consent and declaration***

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, consent and declaration

**Before you sign and date this form,** make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

### Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

**Continuing professional development**

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

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

  a) checking a statement made by me in this application for renewal,

  b) an audit carried out by the National Board,

  c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or

  d) considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

## Declaration

I **declare** that:

- the statements made, and any documents provided, in support of this application are true and correct, and
- I am the person named in this application and in any documents provided.

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

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

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

*For information about advertising obligations please see the advertising resources page on:
**https://www.ahpra.gov.au/Publications/Advertising-hub.aspx**

I **acknowledge** that:

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

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

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

Signature of applicant

SIGN HERE

Name of applicant

Date

D D / M M / Y Y Y Y

## SECTION I: Payment

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

Use the table below to select your registration fee. Your registration fee depends on your principal place of practice, as applicants whose principal place of practice is New South Wales are entitled to a rebate from the NSW Government.

| Application fee: | | Registration fee: | | | Amount payable: |
|---|---|---|---|---|---|
| $209 | + | $ INSERT FEE | | = | $ INSERT FEE |

| Registration type | National fee | NSW fee |
|---|---|---|
| General registration | $209 | $171 |
| Non-practising registration | $69 | $69 |

Applicants **must** pay 100% of the stated fees at the time of submitting the application.

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

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

Amount payable

$

Visa or Mastercard number

Expiry date

M M / Y Y

Name on card

Cardholder's signature

SIGN HERE

## SECTION J: Checklist

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

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

**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**

# 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.

## CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

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

For more information, view the full registration standard online at **www.medicalradiationpracticeboard.gov.au/registration-standards** or the Board's CPD guidelines online at **www.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 your criminal history is relevant to the practice of your profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. But if you have not given us certified proof of identity documents since October 2019, you will need to do this first.

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

You may be required to obtain international criminal history reports.

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

## IMPAIRMENT

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

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

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

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

## PRACTICE

Practice means any role, whether remunerated or not, in which 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 cannot practise as a medical radiation practitioner in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard.

Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

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

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