



## Application for general registration For overseas qualified medical radiation practitioners Profession: Medical radiation practice

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

Please use this form if you were trained or educated as a medical radiation practitioner:

- overseas, and/or
- **do not** hold an approved qualification.


For more information on approved qualifications please go to the Medical Radiation Practice Board of Australia (the Board)'s website at

[www.medicalradiationpracticeboard.gov.au/Accreditation](http://www.medicalradiationpracticeboard.gov.au/Accreditation)

If you are applying for registration in more than one division of practice you are required to provide documentation to establish your qualification to work in all divisions applied for.

If you do not hold an approved qualification the Board will need to assess your qualification to determine the category or registration that you may be eligible for. Please refer to the Board's website for criteria used to assess qualifications.

It is important that you refer to the Board's 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: **X**
- **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 radiographer       Radiation therapist       Nuclear medicine technologist

## 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: 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.

**4. 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 D: 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.

**5. 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 type="checkbox"/>	NA	<input type="checkbox"/>	Australian financial institution account	NA	NA	<input type="checkbox"/>
Australian visa (Foreign passport must be selected as evidence for Category B)	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian Medicare card	NA	NA	<input type="checkbox"/>
ImmiCard	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian PAYG payment summary	NA	NA	<input type="checkbox"/>
Australian citizenship certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian motor vehicle registration	NA	NA	<input type="checkbox"/>
Australian passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Australian Taxation Assessment Notice	NA	NA	<input type="checkbox"/>
Australian motor vehicle licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian insurance policy	NA	NA	<input type="checkbox"/>
Foreign passport	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian pension/healthcare card	NA	NA	<input type="checkbox"/>
Australian Working with Children/ Vulnerable People Card	NA	<input type="checkbox"/>	<input type="checkbox"/>	<b>Category D documents</b>			
Australian firearms or shooter's licence	NA	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	I have used a Category B or C document that has my current residential address			<input type="checkbox"/>
Intl. or foreign motor vehicle licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian rate notice			<input type="checkbox"/>
Australian proof of age card	NA	<input type="checkbox"/>	<input type="checkbox"/>	Current Australian lease or tenancy agreement			<input type="checkbox"/>
Australian government benefits	NA	NA	<input type="checkbox"/>	Australian utility account			<input type="checkbox"/>
Australian academic transcript	NA	NA	<input type="checkbox"/>	Australian electoral enrolment card			<input type="checkbox"/>
Australian registration certificate	NA	NA	<input type="checkbox"/>				



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



## 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.

### 6. 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**

### 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?



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.

YES

NO  *Provide your Australian principal place of practice below*

**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/Territory** (e.g. VIC, ACT)/**International province**      **Postcode/ZIP**

\_\_\_\_\_      \_\_\_\_\_

**Country (if other than Australia)**

\_\_\_\_\_

**SECTION E: Qualification for the profession**

**i** In accordance with section 52 of the National Law, to be eligible for general registration you must be qualified in the health profession. Section 53 of the National Law states that to be qualified for general registration you must hold either:

- (a) an approved qualification for the health profession,
- (b) a qualification that the Board considers to be substantially equivalent, or based on similar competencies to an approved qualification,
- (c) a qualification, not referred to in (a) or (b), relevant to the health profession and have successfully completed an examination or other assessment required by the Board for the purpose of general registration in the health profession, or
- (d) a qualification, not referred to in (a) or (b), that under the National Law, or a corresponding prior Act, qualified you for general registration in the health profession and you were previously registered on the basis of holding that qualification.

The list of the Board's approved qualifications and equivalent qualifications can be found on the Ahpra website at [www.medicalradiationpracticeboard.gov.au](http://www.medicalradiationpracticeboard.gov.au)

10. What are the details of your qualifications?

**i** If you are applying for registration in **more than one division** you are required to provide documentation for all applicable division(s). For more information, see *Certifying documents* in the *Information and definitions* section of this form.

**Primary qualification**

Title of qualification

\_\_\_\_\_

Division of registration applicable to

Diagnostic radiographer       Radiation therapist       Nuclear medicine technologist

Name of institution (University/College/Examining body)

\_\_\_\_\_

Country

\_\_\_\_\_

Start date      Completion date

MM / YYYY      MM / YYYY

You **must** attach a certified copy of your original academic transcript and testamur/ qualification certificate that indicates completion of the qualification mentioned in this form.



**Additional qualification**

Title of qualification

Division of registration applicable to  
 Diagnostic radiographer     Radiation therapist     Nuclear medicine technologist     N/A

Name of institution (University/College/Examining body)

Country

Start date                                  Completion date  
 /                                    /

You **must** attach a certified copy of your original academic transcript and testamur/ qualification certificate that indicates completion of the qualification mentioned in this form.

Attach a separate sheet if all your qualifications do not fit in the space provided.

**SECTION F: Registration history**

11. Have you previously held registration as a diagnostic radiographer, radiation therapist or nuclear medicine technologist in Australia?

YES                                   NO

You are not eligible to use this application form. To apply for general registration, please complete application form AGEN-91, available at [www.medicalradiationpracticeboard.gov.au](http://www.medicalradiationpracticeboard.gov.au)

12. Do you currently hold, or have your recently applied for, registration as a medical radiation practitioner in New Zealand?

YES                                   NO

If you are registered, or applying to register, as a diagnostic radiographer, radiation therapist or nuclear medicine technologist in New Zealand please use the online form, available at [www.medicalradiationpracticeboard.gov.au](http://www.medicalradiationpracticeboard.gov.au)

13. Outside of Australia, have you previously sat an examination or assessment for the purpose of being granted a licence or registration for practice in the profession?

YES                                   NO

**Examination or assessment**

Type of examination or assessment

Division of registration applicable to  
 Diagnostic radiographer     Radiation therapist     Nuclear medicine technologist

Name of institution (regulatory authority/professional association/examining body)

Country

Date of examination or assessment  
 /

You must attach a certified copy of the official results or outcome letter from the body overseeing the examination or assessment.



14. What is your health practitioner registration history?

For a list of the professions regulated under the National Scheme, please refer to www.ahpra.gov.au

If you have been registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing from every jurisdiction outside of Australia in which you are currently, or have previously been registered as a health practitioner during the past five years.

Certificates must be dated within three months of your application being received by Ahpra.



If you have been registered outside of Australia, you must arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state office.

Refer to www.ahpra.gov.au/About-Ahpra/Contact-Us for your Ahpra state office address.

Most recent registration

State/Territory/Country

Text input field for State/Territory/Country

Profession

Text input field for Profession

Period of registration

DD / MM / YYYY to DD / MM / YYYY date format

Additional registration

State/Territory/Country

Text input field for State/Territory/Country

Profession

Text input field for Profession

Period of registration

DD / MM / YYYY to DD / MM / YYYY date format



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

15. Have you ever held registration with a statutory registration/licensing body in the country where your medical radiation practice qualification was awarded?

YES [X]

Most recent registration

State/Territory/Country

Text input field for State/Territory/Country

Profession

Text input field for Profession

Period of registration

DD / MM / YYYY to DD / MM / YYYY date format

Additional registration

State/Territory/Country

Text input field for State/Territory/Country

Profession

Text input field for Profession

Period of registration

DD / MM / YYYY to DD / MM / YYYY date format



If you have not arranged for a Certificate of Registration Status to be sent directly to Ahpra from the statutory registration/licensing body, you must attach a certified copy of your certificate of registration. The certificate does not need to be current.


NO [X]


There is no statutory registration/licensing body in the country where my medical radiation practice qualification was awarded.



## SECTION G: Work history


### 16. What is your full practice history?

 Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history. For more information on your Statement of Service, see *Statement of Service* in the *Information and definitions* section.

 You **must** attach to your application a:

- Statement of Service from all of your employers in the past five years, and
- **signed and dated** curriculum vitae that describes your full practice history and contains all the elements as defined in Ahpra’s standard format curriculum vitae at [www.ahpra.gov.au/cv](http://www.ahpra.gov.au/cv).

## SECTION H: 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.

### 17. 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.

### 18. 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.





**19. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?**

NO  **Go to the next question**

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

**i** If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to [www.ahpra.gov.au/internationalcriminalhistory](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
- New Zealand
- United States of America.
- Canada
- Republic of Ireland
- United Kingdom

**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*.

**20. 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 24**
- Extended education pathway  **Provide details of secondary, vocational and tertiary education in the table below, then go to question 24**
- 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 24**
- English language test pathway  **Go to question 21**







23. 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.

24. 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 

25. Do you meet the Board's recency of practice requirements?



To meet the Board's *Registration standard: Recency of practice*, you are required to have practised at least 450 hours within the previous three years. If you don't meet the standard, you will be required to provide information to help the Board make a decision about your application.

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

N/A 

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

YES 

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

NO 

You **must** attach evidence of your practice and professional development history, that includes:

- your detailed practice history that establishes your post qualification experience including when you last practised
- any professional development activities undertaken in the past three years, and
- any formal education or training undertaken in the last three years.

26. 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.

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

YES NO 

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

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

YES NO 

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



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

YES

NO



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

30. Are you disqualified from applying for registration, or being registered, in any profession in Australia (under the National Law, a corresponding prior Act or a law of a co-regulatory jurisdiction), or overseas?



**Co-regulatory jurisdiction** means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).

YES

NO



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

31. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?

YES

NO



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





## SECTION I: 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 my 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 Advertising 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

 /  /



***This page has been intentionally left blank.***



## SECTION J: Payment

**You are required to pay an application fee, an overseas assessment 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.

<b>Application fee:</b>	+	<b>Overseas assessment fee:</b>	+	<b>Registration fee:</b>	=	<b>Amount payable:</b>				
<b>\$209</b>		<b>\$388</b>		<b>\$ INSERT FEE</b>		<b>\$ INSERT FEE</b>				
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Registration fee</td> <td style="text-align: right; padding: 2px;"><b>\$209</b></td> </tr> <tr> <td style="padding: 2px;">Registration fee for NSW registrants</td> <td style="text-align: right; padding: 2px;"><b>\$171</b></td> </tr> </table>	Registration fee	<b>\$209</b>	Registration fee for NSW registrants	<b>\$171</b>		Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.
Registration fee	<b>\$209</b>									
Registration fee for NSW registrants	<b>\$171</b>									



**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 and overseas assessment fee are non-refundable. The registration fee will be refunded if the application is not approved.

**32. 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

 / 

Name on card

Cardholder's signature

SIGN HERE





## SECTION K: 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 (if required)	<input type="checkbox"/>
<b>Question 4</b>	A certified copy of a foreign passport	<input type="checkbox"/>
<b>Question 5</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question 10</b>	Certified copies of <b>all</b> your qualifications and your academic transcripts relied upon for this application	<input type="checkbox"/>
<b>Question 10</b>	A separate sheet with additional qualifications	<input type="checkbox"/>
<b>Question 13</b>	A certified copy of the official results or outcomes from the body overseeing the examination or assessment	<input type="checkbox"/>
<b>Question 14</b>	Certificate of Registration status or Certificate of Good Standing has been requested from the relevant authority	<input type="checkbox"/>
<b>Question 14</b>	A separate sheet with additional registration details (if required)	<input type="checkbox"/>
<b>Question 15</b>	A certified copy of your certificate of registration from the country where your medical radiation qualification was awarded	<input type="checkbox"/>
<b>Question 16</b>	A Statement of Service from your previous employer(s)	<input type="checkbox"/>
<b>Question 16</b>	A signed and dated curriculum vitae that describes your full practice history and any training undertaken	<input type="checkbox"/>
<b>Question 17</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 18</b>	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 18</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 18 &amp; 19</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question 19</b>	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 20</b>	A separate sheet with any additional qualification details	<input type="checkbox"/>
<b>Question 20</b>	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
<b>Question 22</b>	Copy of your English language test results	<input type="checkbox"/>
<b>Question 23</b>	Certified copy of your English language test results	<input type="checkbox"/>
<b>Question 23</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 25</b>	Evidence of your practice and professional development history	<input type="checkbox"/>
<b>Question 26</b>	A separate sheet with your impairment details	<input type="checkbox"/>
<b>Question 27</b>	A separate sheet with your previous suspension or cancellation details	<input type="checkbox"/>
<b>Question 28</b>	A separate sheet with your cancellation, refusal or suspension details	<input type="checkbox"/>
<b>Question 29</b>	A separate sheet with your previous conditions, undertakings or limitation details	<input type="checkbox"/>
<b>Question 30</b>	A separate sheet with your disqualification details	<input type="checkbox"/>
<b>Question 31</b>	A separate sheet with your conduct performance or health proceedings	<input type="checkbox"/>
<i>Payment</i>		
	Application fee	<input type="checkbox"/>
	Overseas assessment fee	<input type="checkbox"/>
	Registration fee	<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 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](http://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](http://www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity) and [www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents](http://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents)

### CURRICULUM VITAE

Your curriculum vitae must:

- explain any period since obtaining your professional qualifications where you have not practised and reasons why (e.g. undertaking study, travel, family commitment)
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

For practitioners returning to practice after a period of absence between three and five years, you must detail the level of CPD undertaken during the period of absence. It must also contain all the elements defined in Ahpra's standard format for curriculum vitae which can be found at [www.ahpra.gov.au/cv](http://www.ahpra.gov.au/cv)

### 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

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.

### MINIMUM IDENTITY REQUIREMENTS

If you are applying from overseas or have recently arrived in Australia and are unable to provide evidence for categories A, B, C and D of the proof of identity requirements, you must meet the **minimum identity requirements** of:

- a certified copy of an overseas passport (an EU card is not acceptable), and
- if the applicant has ever been formally known by another name, or provides documentary evidence in support of their application in another name — a certified copy of proof of name change (marriage certificate, divorce papers, deed poll).

Following the assessment of your application, you will be required to personally present additional proof of identity documents at an Ahpra Office. Further information, and a list of the additional proof of identity documents required, can be found in the Ahpra *Proof of identity requirements* document under the heading *What special circumstances apply to internationally qualified applicants or applicants who have recently arrived in Australia?*

This document is available at [www.ahpra.gov.au/identity](http://www.ahpra.gov.au/identity)

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

## RECENCY OF PRACTICE

You are required to maintain the currency of your practice. To meet the standard you must have you have practiced in the profession for at least 450 hours in the past three years. If you are registered in more than one division, you must show that you have practiced for at least 450 hours in each of the relevant divisions of registration (diagnostic radiography, radiation therapy nuclear medicine technology).

If you do not meet this requirement you will be asked to provide information that will allow the Board to decide what requirements are necessary to enable you to return to practice safely. These requirements may include an assessment of your competence, additional professional development, a period of supervised practice and/or impose conditions on your registration.

For more information, view the full registration standard online at

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

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

## STATEMENT OF SERVICE

The Statement of Service is required to:

- be on the employer's letterhead
- provide dates of employment
- describe the role in which you were employed, and whether it was full-time/part-time hours, and
- be signed by a manager (e.g. director of medical imaging or director of radiation therapy, chief of department or HR manager).