



Application for provisional registration

as a Medical Practitioner for students completing studies in Australia in 2010



ASPR-30

Section 77 of the Health Practitioner Regulation National Law

This form is to be used by students of Australian medical schools who are completing their studies in 2010 and who have never been registered or practised as a health practitioner in Australia or overseas. This is an application for provisional registration to undertake a period of internship in Australia under section 62 of the Health Practitioner Regulation National Law Act (2009) as a prerequisite for general registration 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.

This application will not be considered unless it is complete and all supporting documentation has been provided.

All supporting documentation must be:

- certified in accordance with the Australian Health Practitioner Regulation Agency's (AHPRA) guidelines; and
- 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's guidelines.

DO NOT send original documents.

It is important that you refer to the Board's Registration Standards, Codes, and Guidelines when completing the form. These documents can be found at www.medicalboard.gov.au

PRIVACY AND CONFIDENTIALITY

The information collected in this form is authorised or required under the National Law for the purposes of determining an applicant's eligibility for registration and to provide for the protection of the public by ensuring that only health practitioners who are suitable persons and qualified to practise in a competent and ethical manner are registered.

Information supplied on this form may be provided to other persons and agencies for workforce planning, information management and communication, criminal history and identity checking and other purposes as specified by the National Law.

The Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA) are committed to ensuring the privacy and confidentiality of personal information held and will adhere to the National Privacy Principles under the Privacy Act 1988 (Cth) when collecting, using, disclosing, securing and providing access to private information.

COMPLETING YOUR APPLICATION

- Read all instructions
- Print clearly in BLOCK LETTERS using a black or blue pen
- Place X in ALL applicable boxes:

SECTION A: Application criteria

1. Are you completing your studies relating to this application in 2010?

Yes *Go to the next question*

No



You are not eligible to use this application form. To apply for provisional registration please complete application form APRA-03 which can be found at www.medicalboard.gov.au

2. At what academic institution are you completing your study?

Name of institution

State

3. What is your student identification number?

Student identification number

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

No *Go to Section B: Personal details and identification*

Yes



You are not eligible to use this application form. To apply for provisional registration please complete application form APRA-03 which can be found at www.medicalboard.gov.au

OFFICE USE ONLY

SECTION B: Personal details and identification

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

5. What is your name?

* Mr Mrs Miss Ms Dr Other

* Family (legal) name

* First given name

* Middle given name(s)

Previous names and other names known by

Preferred name

* Sex M F

6. What are your birth details?

Date of birth

Country of birth

Place/City of birth

State of birth (if within Australia)

* Languages spoken other than English (optional)

7. Please read the following information regarding evidence of identity before attaching the required documents to this application:



You **MUST** attach certified copies of documents that provide sufficient evidence of your identity with this application.

You must provide at least one document from each of the following categories:

- **Category A:** Commencement of Identity
For example:
Australian Birth Certificate, Australian Passport, Australian Visa, Australian Armed Services papers, Overseas passport, Travel documents, Citizenship papers
- **Category B:** Link between the identity and person by means of photo and signature
For example:
Australian Birth Certificate, Australian driver's licence, Working with children check card, Overseas passport, Firearm or shooter's licence, Student ID card, International driver's licence, Proof of age card
- **Category C:** Evidence of identity operating in community
For example:
Change of name certificate, Australian marriage certificate, Australian divorce papers, Registration certificate, Bank account, Medicare card, PAYG payment summary, Motor vehicle registration, Financial institution statements, Taxation Assessment Notice, Health insurance card, Pension card
- **Category D:** Evidence of identity's residential address, if your category B or C document does not provide this evidence.
For example:
Mortgage papers, Rates notices, Lease or tenancy agreement, Utility account, Electoral enrolment card.

You will find:

- details of the documents which are applicable in each of these categories
- the requirements for persons who are applying from overseas, or have recently arrived in Australia; and
- requirements for certifying documents

at the AHPRA website: www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity.aspx

Note: AHPRA has the right to request presentation of the original documents.

8. What is your residential address?

No.	Street
Suburb	
State/ Territory	Postcode

9. Please read this before answering the following question about principal place of practice:



Principal place of practice, for a registered health practitioner, means the address declared by the practitioner to be the address:

- at which the practitioner is predominantly practising the profession; or
- if the practitioner is not practising the profession or is not practising the profession predominantly at one address, that is the practitioner's principal place of residence.

Is your residential address the same as your principal place of practice in Australia?

Yes Go to the next question

No Provide your principal place of practice address below

Site name	
No.	Street
*Suburb	
*State/ Territory	Postcode

10. Where do you want postal correspondence delivered to?

Residential address

Other (Provide your postal correspondence address below)

No.	Street
Suburb	
State/ Territory	Postcode

11. Your contact details

During business hours

After hours

Mobile

Email

12. Would you like to receive your renewal communications electronically? Some correspondence will always be sent by post.

No Go to Section C: Qualification for the profession

Yes Provide details below

Send me SMS reminders when my registration is due for renewal

Send my renewal notices to the email address nominated above

SECTION C: Qualification for the profession

To be eligible for provisional registration you must have completed an approved medical course. Further information regarding approved programs of study is available on the Board's website.

13. What are the details of your degree in medicine?

1 Primary degree

Title of qualification

Name of institution (University / College / Examining Body)

Country

Completion date

Length of program

Note: As a student completing studies at an Australian academic institution you may not yet have your degree conferred, and are therefore unable and not required to provide a copy of your degree certificate 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.




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


SECTION D: Suitability statements

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.medicalboard.gov.au for further information.

 You MUST attach a separate sheet with any additional details that do not fit within the space provided.

14. Please read this before answering the following question about criminal history:

 **Criminal history** includes the following, whether in Australia or overseas, and 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
- 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, a complete criminal history will be supplied to the Board 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. For further information on the factors the Board will consider in making this decision, see the *Criminal History Registration Standard* which can be found at www.medicalboard.gov.au



Do you have any criminal history in Australia?

No  Go to the next question


Yes   Provide a separate sheet with a full explanation of the circumstances and details of your criminal history in Australia.

15 Do you have any criminal history in another country?

No  Go to the next question

Yes   Provide a separate sheet with a full explanation of the circumstances and details of your criminal history overseas.

16. Please read this before answering the following questions about English language skills:

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


Did you undertake the last **two** years of your secondary education **and** your tertiary qualification in the profession, in English, in one of the following countries:

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

Yes  Go to question 20

No  Go to the next question

17. Please read this before answering the following question about English language examinations:

 You MUST arrange for a testing authority to provide evidence of your successful completion of the Board approved English language test directly to the relevant State office of the Medical Board of Australia (for example, by secure internet login).

Which of the English language examinations listed below have you successfully completed?

International English Language Test Scheme (IELTS) - academic model

Occupational English test (OET)

Professional and Linguistic Assessment Board (PLAB) Part 2

New Zealand Registration Exam (NZREX)

18. On what date did you complete this examination?



Date

DD /MM/YYYY


Note: Pass results must be obtained in one sitting.

19. Have your results from the above mentioned English language examinations been obtained within two years prior to applying for registration?

Yes  Go to the next question


No   You MUST attach evidence that you have been continuously enrolled as a student in an approved program of study using English as the primary language of practice, since sitting the examination.

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

- Yes  *Go to the next question*
- No 



For further information on requirements see the Board's Professional Indemnity Insurance Standard.

21. Please read this before answering the following question about 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.

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

No  *Go to Section E: Obligations of registered health practitioners*

Yes   You **MUST** attach details of any impairments to this application.

SECTION E: Obligations of registered health practitioners

Registered health practitioners must inform the Board of a change in their status in relation to the following matters within 7 days after becoming aware of that change:

- the practitioner is charged with an offence punishable by 12 months imprisonment or more
- the practitioner is convicted of or the subject of a finding of guilt for an offence punishable by imprisonment
- appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession
- 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
- the practitioner's billing privileges are withdrawn or restricted under the *Medicare Australia Act 1973 of the Commonwealth* because of the practitioner's conduct, professional performance or health
- the practitioner has a restriction placed on their right to prescribe or supply pharmaceutical benefits under the *National Health Act 1953*
- the practitioner's authority under 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
- a complaint is made about the practitioner to a Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners, including, but are not limited to:
 - overseas regulatory authorities
 - Commonwealth departments that administer Medicare Australia; the provision of pharmaceutical, sickness and hospital scheme; payments by way of medical benefits and payments for hospital services; and immigration
 - State and Territory bodies responsible for health complaints, workers compensation and traffic accident investigation
- 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.

SECTION F: Payment



You are required to pay a registration fee.

Refund rules

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

Fees

The fees applicable are outlined below. Registrants with a principal place of practice in New South Wales (NSW) are eligible for an annual registration fee rebate. Select the annual registration fee applicable, depending on your principal place of practice.

Registration fee	=	PAYMENT AMOUNT
\$		\$

Item	National Fee	Rebate for NSW registrants*	Fee for NSW registrants*
Registration Fee	325	75	250

***Note:** registrants whose principal place of practice is New South Wales pay the national fee less the rebate from the NSW government.

22. How are you paying your application and registration fee?

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

Mark one box only

Visa or Mastercard (credit or debit card)

Go to next question

Cheque/Money order (payable to Australian Health Practitioner Regulation Agency)

Go to question 24



You MUST attach cheque or money order.

Cash/EFTPOS (only available if paying in person)

Go to question 24

23. Visa or Mastercard details

Amount payable

\$

Visa or Mastercard number

Expiry date

/

Cardholder's name

Cardholder's signature

SECTION G: Consent

24. PLEASE READ AND MAKE SURE YOU UNDERSTAND THESE STATEMENTS BEFORE SIGNING:

I consent:

- to the National 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 authorise:

- the National Board to obtain my criminal history in Australia and overseas.

I understand:

- 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 the National Board
- that information will be extracted from this form and forwarded to the CrimTrac Agency and Australian police services for checking action, and that this information may be used by Australian police services for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge:

- that the National Board may validate documents provided in support of this application as evidence of my identity
- that failure to complete all relevant sections of this application and enclose all supporting documentation may result in this application not being accepted.

I undertake:

- to comply with all relevant legislation, National Board Registration Standards, Codes and Guidelines.

I declare:

- that I have never been registered or practised as a health practitioner in Australia or overseas before
- that the above statements, and the documents provided in support of this application, are true and correct
- that I am the person named in the attached documents.

I make:

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

Printed name of applicant

Signature of applicant



Date

SECTION H: Checklist

25. Have the following items been attached if required?

Certified copies of all documents that provide sufficient evidence of your identity

Question 7

Certified copies of your relevant academic qualifications

Question 13

A separate sheet with an explanation of circumstances of your criminal history in Australia

Question 14

A separate sheet with an explanation of circumstances of your criminal history overseas

Question 15

Evidence of the successful completion of an approved English language test has been requested from the relevant authority

Question 17

Evidence that you have been continuously enrolled as a student in an approved program of study using English as the primary language of practice

Question 19

A separate sheet with your impairment details

Question 21

26. Has the associated fee been paid or attached?

Registration fee
Completed Visa or Mastercard details provided OR Cheque or money order attached

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.

You may lodge this form in two ways:

1. By mail

AHPRA
GPO Box 9958
IN THE RELEVANT CAPITAL
CITY

2. In person

Refer to **www.ahpra.gov.au**
for the location of the AHPRA
office in your state.

You may contact the Australia Health Practitioner Regulation Agency on 1300 419 495 or you can lodge an enquiry at **www.ahpra.gov.au**