

# Application for general registration (teaching and/or assessing)

For medical practitioners currently holding non-practising registration or individuals whose general registration has lapsed since 1 July 2010 Profession: Medical

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

This form is for individuals applying for general registration as a medical practitioner, who: (a) currently hold non-practising registration, or

(b) have previously held general registration which has been lapsed since 1 July 2010 and who agree to:

- not provide any clinical care services to patients, and
- restrict their practice to teaching and academic services as part of an accredited medical course or assessment process leading to registration as a medical practitioner.
- This form **must not** be used by applicants who meet the following criteria:
- provide teaching and/or academic services and clinical care concurrently
- do not hold a qualification leading to registration as a medical practitioner, or
   are visiting overseas academics recruited to teach in an accredited medical school in the short-term please see the form *Application for limited registration for teaching or research as a medical practitioner ALTR-30.*

#### **TEACHING AND ASSESSING**

Teaching, academic and assessing services include the provision of services as part of an Australian Medical Council (AMC) accredited medical course or assessment process leading to general or specialist registration such as:

- acting as an examiner for the AMC or specialist colleges
- teaching medical students as part of an accredited medical course
- providing administration or management services for an accredited medical course or assessment process.

It is important that you refer to the Medical 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.medicalboard.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**.

# **SECTION A:** Personal details

What is your name and date

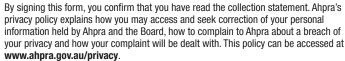


of birth?

1.

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

Title*	MR 🔀	MRS	$\times$	MIS	s 🖂	MS	$\ge$		DR	$\ge$	OTH	ER	SI	PECI	FY			
Family	name*																	
First gi	irst given name*																	
Middle	name(s)*																	
Previou	us names k	known l	<b>by</b> (e.g	. maic	den nai	ne)												
Date of	f birth D	D /	Μ	M	/ Y	Y	Y	Y										
	If you have ever been formally known by another name, or you are providing documents in another name, you <b>must</b> attach proof of your name change unless this has been previously provided to the Board. For more information, see <i>Change of name</i> in the <i>Information and definitions</i> section of this form.																	



ANPR-30

# Symbols in this form

#### Additional information

Provides specific information about a question or section of the form.

#### High

Highlights important information about the form.

Attach document(s) to this form

Signature required

Processing cannot occur until all required documents are received.



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.



# 2. What are your birth and personal details?

	irth							
City of birth								
State of birt	h (if within	Australia)						
VIC 🔀 🛛	NSW 🔀	QLD 🔀	SA 🔀	WA 🔀	NT 🔀	tas 🔀	ACT 🔀	
Sex*								
Male 🔀	FEI	Male 🔀	INTEF	RSEX / INDETE	rminate 🔀			
Languages s	poken oth	er than Eng	lish (optior	nal)*				

# **SECTION B:** Contact information

Once registered, you can change your contact information at any time. Please go to **www.ahpra.gov.au/login** to change your contact details using your online account.

# 3. What is your residential address?

If you are not currently practising, or 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.

#### 4. What is your mailing address?

Your mailing address is used for postal correspondence

ldress (e.g. 1	23 JAME	S AVE	NUE; (	or UNI	T 1A,	30 JAN	NES S	TREET)					 		
	*											_			
y/Suburb/To	WII"											_		_	
ate or territo	<b>ry</b> (e.g. VI	C, AC	T) <b>/Inte</b>	ernatio	onal p	orovino	e	Ро	stcod	e/ZIP	*				
							7								
ountry (if oth	er than A	Austra	alia)										 		
					_						1	_		_	

Site/building and/or position/department (if applicable)								
Address/PO Box (e.g. 123 JAME	S AVENUE; or UNIT 1A, 30 J	AMES STREET; or PO BOX 1234	)					
City/Suburb/Town								
State or territory(e.g. VIC, ACT)/I	nternational province	Postcode/ZIP						
Country (if other than Australia	)							

5. What are your contact details?

# 

ine your contact details:	Provide your current contact details below – place an 🗴	next to your preferred contact phone number.
	Business hours	Mobile
	After hours	
	Email	

# SECTION C: Employment/engagement details

**Organisation name** 

To be eligible for general registration for the purposes of teaching and/or assessing as defined in this application form you are required to provide evidence of your current or proposed teaching and/or assessing role

#### 6. What are the details of the organisation at which you will be teaching and/or assessing?



The suburb and postcode of the organisation will appear on the public register as your principal place of practice.

Site/I	buildin	ig an	d/or	pos	itio	n/de	par	tme	nt (i	f ap	plica	able)	)									
												_							 		 _	_
Stree	et addr	ess (	e.g. '	123	JAN	IES /	AVEN	IUE;	or U	INIT	1A, 3	30 J <i>i</i>	AME	S ST	REE	T)						
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																			 			_
Subu	rb/City	y/Tov	vn																			
State	or ter	ritory	<b>i</b> (e a	VIC		T) <b>/Ir</b>	iteri	natio	nal	nro	vinc	P		Pos	tcod	e/ZI	p*					
Juic		intor j	(0.9	. 10	, 10	· ) <b>/ ··</b>		latit	Jiiui	pro	VIIIO			103	1000	0,21	•					
Auth	orised	oont	oot i	noro	00													_				
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Busir	ness h	ours	cont	tact	pho	ne r	num	ber						Mot	Dile							-
Emai	I																					

You must attach to this application an original letter from the current or proposed organisation at which you will be teaching and/or assessing. The letter must be on the organisation's letterhead, and be dated and signed by an authorised person. The letter must also:

- · confirm your name, appointment and position title
- detail the date you commenced or propose to commence employment in the position
- detail the period of appointment and employment mode (e.g. full-time, part-time, casual)
- confirm your scope of practice, and
- confirm that the organisation at which you will be teaching and/or assessing will define and monitor your continuing professional development as part of the requirements of your position.

# SECTION D: Registration history

7. Have you practised as a health y practitioner outside Australia during the past 10 years?



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 ten years**.

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

YES Vertical Provide details below NO
Most recent registration
State/Territory/Country
Profession
Period of registration DD / MM / YYYY to DD / MM / YYYY
Additional registration
State/Territory/Country
Profession
Period of registration DD / MM / YYYY to DD / MM / YYYY
If you have been registered outside of Australia, you <b>must</b> 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 <b>www.ahpra.gov.au/About-Ahpra/Contact-Us</b> for your Ahpra state office address.
Attach a separate sheet if your registration history does not fit in the space provided.

# SECTION E: 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.medicalboard.gov.au/Registration-Standards** for further information.

- 8. Do you currently hold registration with the Medical Board of Australia?
- 9. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?

YES	$\mathbf{X}$	Go	to	the	next	question
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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.

NO



You **must** attach a signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances.

#### 10. Since your last declaration to Ahpra, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to Ahpra?



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.

#### 11. Do you have any criminal history in Australia?

#### 12. Do you have any criminal history in one or more countries other than Australia?



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

X	Go	to	question	14

NO

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 the change in your criminal history in a signed and dated written statement.

#### Provide details below, then go to question 14

Country	Check reference number
You <b>must</b> attach a separate sheet if the list of overseas courses reference number does not fit in the space provided.	ntries and corresponding check



You **must** attach the international criminal history check (ICHC) reference page provided by



the approved vendor.

YES

NO

YES

You **must** attach a signed and dated written statement with details of any change to your criminal history in each of the countries listed and an explanation of the circumstances.

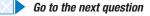
NO



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.



You **must** attach a signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances.



- 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.

Country	Check reference number
You <b>must</b> attach a separate sheet if the list of oversea reference number does not fit in the space provided.	s countries and corresponding check
You <b>must</b> attach the international criminal history cheat the approved vendor.	ck (ICHC) reference page provided by
You <b>must</b> attach a signed and dated written statement each of the countries listed and an explanation of the	

each of the countries listed and an explanation of the circumstances.



13. 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?

> 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.

Go to the next question

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

Country	Check reference number	
You <b>must</b> attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.		

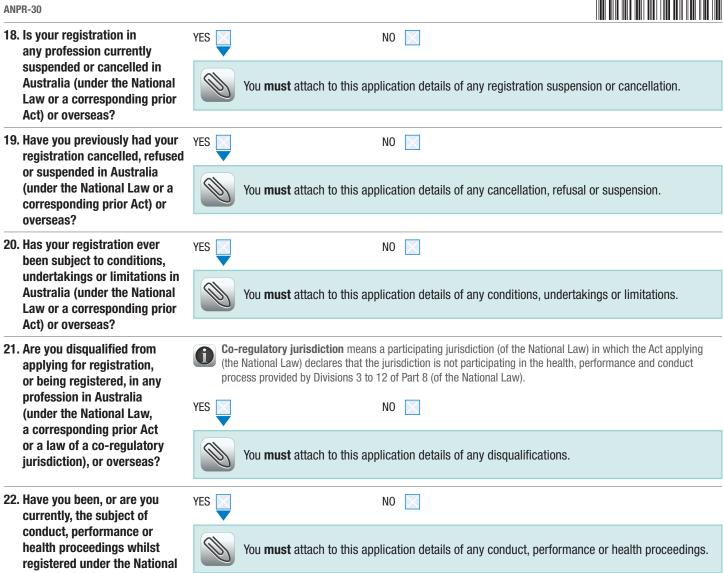


NO

YES

You must attach the international criminal history check (ICHC) reference page provided by the approved vendor.

14. Do you commit to completing the requirements for	For more information, see <i>Continuing professional development</i> in the <i>Information and definitions section</i> of this form.		
continuing professional development (CPD) during your period of registration as defined by the organisation at which you will be teaching and/or assessing?	YES NO		
15. Will you be performing exposure-prone procedures in your practice?	<ul> <li>Exposure prone procedures (EPPs) are procedures where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissues to the blood of the healthcare worker. These procedures include those where the healthcare worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. The CDNA has developed guidance on exposure-prone procedures in <i>Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017</i> available online at <a href="https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en">https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en</a>. You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in <i>Appendix 2</i> of the national guidelines.</li> </ul>		
16. Do you commit to comply with the Australian National Guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses?	This includes testing for HIV, Hepatitis C and Hepatitis B at least once every three years. Testing for Hepatitis B is not necessary if you have demonstrated immunity to HBV through vaccination or resolved infection. YES NO		
17. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the	For more information, see <i>Impairment</i> in the <i>Information and definitions section</i> of this form. YES VE		
profession?	You <b>must</b> attach to this application details of any impairments and how they are managed.		



Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?

# SECTION F: Obligations and consent



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

# **Obligations of registered health practitioners**

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

#### Continuing professional development

 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

- 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.
- 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

- 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* (iii)
    - (Cth); (i) an antity performing functions under the *Uselth Insurance* (t t 1072 (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

- 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

- A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
- a) information about whether the practitioner is employed by another entity;
- b) if the practitioner is employed by another entity-
  - (i) the name of the practitioner's employer; and
  - (ii) the address and other contact details of the practitioner's employer.

8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

# Consent to nationally coordinated criminal history check

I authorise Ahpra and the Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application.

I acknowledge that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the Board,
- my personal information will be extracted from this form and provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the *Australian Crime Commission Act 2002 (Cth)*,
- my identity information provided with this application will be enrolled with Ahpra to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

#### Consent

#### I agree to:

- restrict my practice to the provision of teaching, academia and/or assessing as defined below and will not provide any health care or medical opinion in respect of the physical or mental health of any person, including prescribing, referring or undertaking any clinical care or clinical assessment.
- a notation being published on the public register as follows: '<Applicant> has voluntarily agreed to restrict his/her practice to teaching and/or assessing and will not provide any health care or opinion in respect of the physical or mental health of any person. <Applicant> agrees to not prescribe, refer or undertake any clinical care or clinical assessment.'

#### I understand:

- teaching and/or assessing means the provision of services as part of an AMC or assessment process leading to general or specialist registration such as:
  - acting as an examiner for the AMC or specialist colleges
  - teaching medical students as part of an accredited medical course, or
  - providing administration or management services for an accredited medical course or assessment process.

I consent to:

- the Board and Ahpra making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application, and
- (if relevant) any registration currently held by me that is not compatible with the registration type I am applying for, to be surrendered when the registration type I am applying for is granted.

#### I acknowledge that:

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

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

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

I understand Ahpra may:

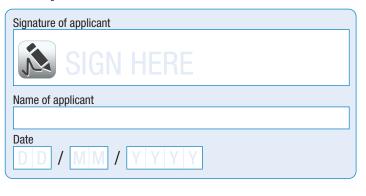
- disclose the date my registration is to commence and future registration details; and
- verify the accuracy of my registration details including my date of birth and address to entities (such as prospective employers) who disclose that information to Ahpra for the purpose of confirming my identity.

Ahpra will only do this where the entity seeking the information or verification has given a legal undertaking they have obtained my consent to these disclosures and this verification.

I confirm that I have read the privacy and confidentiality statement for this form. I declare that:

 the above statements, and the documents provided in support of this application, are true and correct, and

• I am the person named in this application and in the documents provided. I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.



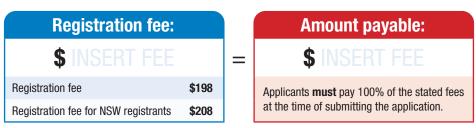
# SECTION G: Payment



If you have already paid a fee for non-practising registration under the National Law you are **not** required to pay an additional fee. The registration fee for general registration (teaching and/or assessing) is the same as the registration fee for non-practising registration.

#### Your required payment is detailed below

Use the table below to select your registration fee. There is a different registration fee for applicants whose principal place of practice is New South Wales.



#### **Registration period**

The annual registration period for the medical profession is from 1 October to 30 September.

If your application is made between 1 August and 30 September this year, you will be registered until 30 September next year.

#### **Refund rules**

1

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

#### 23. Please complete the credit/debit card payment slip below.

Credit/Debit card paym	ent slip – please fill out		
Amount payable		Name on card Cardholder's signature SIGN HERE	

# SECTION H: Checklist

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

Additional do	cumentation	Attached
Question 1	Evidence of a change of name	$\times$
Question 6	A letter from the current or proposed organisation at which you will be teaching and/or assessing	$\times$
Question 7	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	$\times$
Question 7	A separate sheet with registration details	$\times$
<i>Questions 9 &amp; 11</i>	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	$\mathbf{X}$
<i>Questions</i> 10 & 12	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	$\mathbf{X}$
<i>Questions</i> 10 & 12	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	$\mathbf{X}$
Questions 10, 12 & 13	ICHC reference page provided by the approved vendor	$\mathbf{X}$
Question 13	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	$\times$
Question 17	A separate sheet with your impairment details	$\times$
Question 18	A separate sheet with your current suspension or cancellation details	$\times$
Question 19	A separate sheet with your previous cancellation, refusal or suspension details	$\times$
Question 20	A separate sheet with your conditions, undertakings or limitations details	$\times$
Question 21	A separate sheet with your disqualification details	$\times$
Question 22	A separate sheet with your conduct, performance or health proceedings	$\times$
Payment		
	Registration fee	$\times$



Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload. You may contact Ahpra on 1300 419 495

# **Information and definitions**

### AUSTRALIAN NATIONAL GUIDELINES FOR THE MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH BLOOD BORNE VIRUSES AND HEALTHCARE WORKERS WHO PERFORM EXPOSURE PRONE PROCEDURES AT RISK OF EXPOSURE TO BLOOD BORNE VIRUSES

The Communicable Diseases Network Australia (CDNA) has published these guidelines. The following is a summary of the requirements in the CDNA guidelines:

Healthcare workers who perform exposure prone procedures (EPPs) must take reasonable steps to know their blood-borne virus (BBV) status and should be tested for BBVs at least once every three years. They are also expected to:

- have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition
- have appropriate testing and follow up care after potential nonoccupational exposure, with testing frequency related to risk factors for virus acquisition
- cease performing all EPPs if diagnosed with a BBV until the criteria in the guidelines are met, and
- confirm that they comply with these guidelines when applying for renewal of registration if requested by their board.

Practitioners who are living with a blood-borne virus and who perform exposureprone procedures have additional requirements. They are expected to:

- be under the ongoing care of a treating doctor with relevant expertise
- comply with prescribed treatment
- have ongoing viral load monitoring at the appointed times
- not perform EPPs if particular viral load or viral clearance criteria are not met (see detailed information in the guidelines according to the specific BBV)
- seek advice regarding any change in health condition that may affect their fitness to practise or impair their health
- release monitoring information to the treating doctor
- if required, release de-identified information to the relevant area of the jurisdictional health department/Expert Advisory Committee, and
- if required, release health monitoring information to a designated person in their workplace in the event of a potential exposure incident to assess the requirement for further public health action.

Additional information can be found in the CDNA Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses available online at https://www.health. gov.au/resources/collections/cdna-national-guidelines-for-healthcareworkers-on-managing-bloodborne-viruses?language=en

### **CERTIFYING DOCUMENTS**

#### DO NOT send original documents.

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.aspx**
- 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,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, 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 via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. 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.aspx

# **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 (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

### **CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

You must participate regularly in continuing professional development (CPD) relevant to your scope of practice.

CPD must include a range of activities to meet your individual learning needs, including practice-based reflective elements, such as clinical audit, peer-review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning. CPD programs of medical colleges accredited by the Australian Medical Council meet these requirements. You are required to follow the continuing professional development requirements relevant to your practice in the position and as defined by your employer.

For more information, view the full registration standard online at **www.medicalboard.gov.au/Registration-Standards** 

#### **CRIMINAL HISTORY**

**Criminal history** includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession.

You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. You may be required to obtain international criminal history reports.

For more information, view the full registration standard online at **www.medicalboard.gov.au/Registration-Standards** 

#### **IMPAIRMENT**

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

#### PRACTICE

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