# ANPC-81



# **Application for non-practising registration** Profession: **Aboriginal and Torres Strait Islander Health Practice**

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

This form is for Aboriginal and Torres Strait Islander Health Practitioners who elect to cease all practice activities. For a definition of practice, see the *Information and definitions* section of this form.

You can apply for non-practising registration as an Aboriginal and Torres Strait Islander health practitioner using this form, if you:

- previously held general registration in this profession, or
- held registration in the health profession under a corresponding prior Act that was equivalent to general registration in the health profession under this Law.

If you do not fall into either of these categories, you are not eligible for non-practising registration as an Aboriginal and Torres Strait Islander health practitioner. If you currently hold general registration, please go to **www.ahpra.gov.au/login** to apply for non-practising registration using your online account. Additional registration types can be found on the Board's website **www.atsihealthpracticeboard.gov.au**.

It is important that you refer to the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at **www.atsihealthpracticeboard.gov.au** 

This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation **must** be certified in accordance with the Australian

Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

## **Privacy and confidentiality**

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at **www.ahpra.gov.au/privacy**.

# By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at **www.ahpra.gov.au/privacy**.

## Symbols in this form



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



Highlights important information about the form.



Attach document(s) to this form Processing cannot occur until all required documents are received.

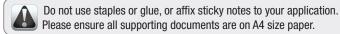
Signature required Requests appropriate parties to sign the form where indicated.

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.



SECTION A: Personal details

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

1. What is your name and date of birth?

Title* Family	MR 🔀 name*	MRS 📘	< N	IISS 🔀	MS 🔀	DR 📐		OTHER		SP	ECIFY	(		
First gi	iven name*													
Middle	name(s)*													
Previou	us names k	nown by	(e.g. m	laiden nan	ne)									
Date of	f birth D	D / [	MM	] / [Y	ΥΥΥ									
	you mu	<b>st</b> attach p	proof of	<sup>i</sup> your nam	vn by anoth e change u <i>ame</i> in the s	nless this	has be	en prev	iously	prov	vided	to the	Boar	e,

# 2. What are your birth and personal details?

City/Subur	b/Town/Con	nmunity of l	oirth					
State/Terri	tory of birth	(if within A	ustralia)					
VIC 🔀	NSW 🔀	QLD 🔀	SA 🔀	WA 🔀	NT 🔀	tas 🔀	ACT 🔀	
Sex* MALE 🔀	FF	MALE 🔀	INTER	SEX / INDETE	rminate 🖂	1		

# **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 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

# 4. 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.

Residential address **cannot** be a PO Box.

Site/building and/or positi	on/department (if applicable)		
Address (e.g. 123 JAMES AV	VENUE; or UNIT 1A, 30 JAMES ST	(EET)	
City/Suburb/Town/Commu	nity*		
State or territory (e.g. VIC, A	ACT)/International province*	Postcode/ZIP*	·
Country (if other than Aust	tralia)		

5.	What is your mailing address? Your mailing address is used for postal correspondence.	My residential address         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/Community									
		State or territory (e.g. VIC, ACT)/International province         Postcode/ZIP									
		Country (if other than Australia)									
6.	Have you previously held general registration:	YES <b>Provide details below</b> NO <b>NO</b> You are not eligible to apply for non-practising registration.									
	• under the National Law, or	Select the board with which you held your most recent registration and provide the required details									
	• the equivalent registration	ATSIHP Board of Australia									
	under a corresponding prior act?	Registration number									
		ATS									
		Australian state/territory board prior to ATSIHP Board of Australia									
		State/Territory of registration									
		🖂 ACT 🖂 NSW 🖂 NT 🔛 QLD 🖂 SA 🔛 TAS 🖂 VIC 🖂 WA									
		Registration number									
		Start date Expiry date									

# SECTION C: Registration history

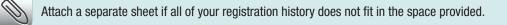
#### 7. What is your health practitioner registration history?

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.

	Most recent registration
	State/Territory/Country
	Profession
è	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 www.ahpra.gov.au/About-Ahpra/Contact-Us for your Ahpra state office address.



### SECTION D: Registration period

The annual registration period for the Aboriginal and Torres Strait Islander Health profession is from 1 December – 30 November each year.

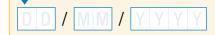
If your registration is granted in October and November this year, you will be registered until 30 November next year. If your registration is granted before October, you will be registered until 30 November this year and you must renew your registration by 30 November.

8. If this application is approved, when would you like your non-practising registration to begin?

You can opt to have your registration start on the date of the Board's approval or a date nominated by you, up to 90 days into the future, as long as the date is later than the Board's approval. For more information, see *Registration approval dates* in the *Information and definitions* section of the form.

On the date of the Board's approval

On the date below, or the date of the Board's approval, whichever is the latter





You won't be able to practice once your non-practising registration has been granted. Please consider if the date you've nominated gives you time to complete any activities you require registration to complete. You can update this date by contacting your Regulatory Officer at any time until we finalise your application. Once your application has been finalised, you will need to re-apply for registration if you want to practice in Australia.

Once your registration has been granted, you cannot change your registration start date.

# **SECTION E:** Proof of identity



You must provide proof of your identity with this application. Please refer to the *Proof of identity requirements* available at www.ahpra.gov.au/identity.

9. Are you applying for registration from within Australia?

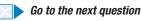


You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least **one** document must be in your current name.
- Your category B document **must** have a recent photo.
- All documents must be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- 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.'
- 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.

YES 🔀



Choose proof of identity documents to submit - then go to Section F: Suitability statements

NO

- 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.
- A document may only be used once for any category.

Documents	Category used: A B C	Documents	Category use	ed: C		
Australian birth or adoption certificate	NA 🖂	Australian financial institution account	NA NA 📐			
Australian visa (Foreign passport must	NA X	Australian Medicare card	NA NA 📐	$\leq$		
be selected as evidence for Category B)		Australian PAYG payment summary	NA NA 📐	$\leq$		
ImmiCard	NA 🔀	Australian motor vehicle registration	NA NA 📐	$\leq$		
Australian citizenship certificate	NA 🗙	Australian Taxation Assessment Notice	NA NA 📐	$\leq$		
Australian passport	$\times \times \times$	Australian insurance policy	NA NA 📐	$\leq$		
Australian driver's licence	NA 🔀 🔀	Australian pension/healthcare card	NA NA 📐	$\leq$		
Foreign passport	NA 🔀 🔀	Category D documents				
Australian Working with Children Check or Vulnerable People Check	NA 🔀 🔀	A document from Category D is only required Category B or C document does not provide e				
Australian firearms or shooter's licence	NA 🔀 🔀	of your residential address.				
Australian student ID card	NA 🔀 🔀	I have used a Category B or C document that has				
International or foreign driver's licence	NA 🔀 🔀	my current residential address				
Australian proof of age card	NA 🔀 🔀	Australian rate notice				
Australian government benefits	NA NA 🔀	Current Australian lease or tenancy agre	ement	$\leq$		
Australian academic transcript	NA NA 🔀	Australian utility account	$\geq$	$\leq$		
Australian registration certificate	NA NA 🔀					



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





Once **registered** and **living** in Australia, you need to become identity enrolled. Please download and complete the form *POIA-00 – Proof* of identity requirements form: Within Australia to become identity enrolled.

- 10. Are you applying for registration from outside Australia?
- 11. Can you meet the proof of identity requirements for applicants applying for registration within Australia?

You **must** only use each

document once.

The documents provided **must** meet the following criteria:

- At least **one** document must be in your current name.
- Your category B document **must** have a recent photo.
- All documents must be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.

YES **Go to the next question** 

NO

NO **Go back to** will provid

Go back to question 9 to nominate the proof of identity you will provide with your application

Go back to question 9 to nominate the proof of identity you will provide with your application

#### Choose proof of identity documents to submit - then go to Section F: Suitability statements

You must provide one category B document and two category C documents.

YES

• A document may only be used once for any category.

Documents	Category used: B C	Documents	Category used: B C		
Passport or travel document (Certificate of Identity, Document of Identity, ImmiCard,		Birth certificate	NA 🔀		
Laissez Passer and Titre de Voyage)		Driver's licence	NA 🔀		
Australian passport	$\times \times$	Marriage certificate	NA 🔀		
Australian visa (must be provided in	NA 🔀	Identity card	NA 🔀		
conjunction with a foreign passport of travel document)		Australia citizenship certificate	NA 🔀		
You <b>must</b> attach a certified copy of <b>all</b> proof of identity documents that you have					

Certifying documents

indicated above.

- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- 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.'
- 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.

### **SECTION F: 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.atsihealthpracticeboard.gov.au/registration-standards** for further information.

# 12. 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.



NO



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

#### 13. 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.

#### 14. 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.

- 15. Is your registration in any profession currently suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?
- 16. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?
- **17. Has your registration ever** been subject to conditions, undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?



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 your criminal history in a signed and dated written statement.

Country		Check reference number
Ø	You <b>must</b> attach a separate sheet if the list of overseas countries reference number does not fit in the space provided.	and corresponding check
	You <b>must</b> attach the international criminal history check (ICHC) re the approved vendor.	ference page provided by
	You <b>must</b> attach a signed and dated written statement with detail	ls of your criminal history ir

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

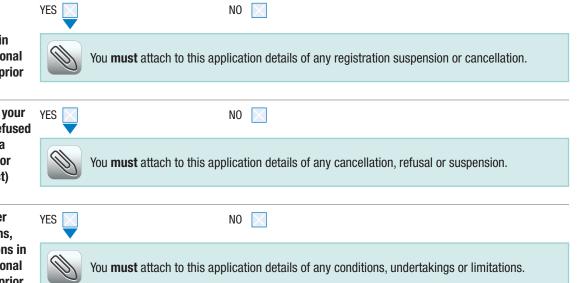


NO

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 countrie reference number does not fit in the space provided.	s and corresponding check
You <b>must</b> attach the international criminal history check (ICHC) the approved vendor.	reference page provided by



- 18. 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?
- 19. 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?

	<b>b-regulatory jurisdiction</b> means a participating jurisdiction (of the National Law) in which the Act applying (the ational Law) declares that the jurisdiction is not participating in the health, performance and conduct process ovided by Divisions 3 to 12 of Part 8 (of the National Law).
YES	NO 🔀
	You <b>must</b> attach to this application details of any disqualifications.
YES	NO 🔀
	You <b>must</b> attach to this application details of any conduct, performance or health proceedings.



**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.
- 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
     a) a complaint is made about the practitioner to the following entities
    - 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

- A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board
  - a) a change in the practitioner's principal place of practice;
  - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
  - c) a change in the practitioner's name.

#### **Employer's details**

- 7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
  - a) information about whether the practitioner is employed by another entity;
  - b) if the practitioner is employed by another entity—(i) the name of the practitioner's employer; and
    - (ii) the address and other contact details of the practitioner's employer.
- 8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

# Consent to nationally coordinated criminal history check

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

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

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

b) an audit carried out by the National Board,

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

d) considering an application made by me about my health practitioner registration, and

 I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

## **Declaration**

#### I declare that:

• the statements made, and any documents provided, in support of this application are true and correct, and

• I am the person named in this application and in any documents provided. I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

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

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

\*For information about advertising obligations please see the advertising resources page on:

# https://www.ahpra.gov.au/Publications/Advertising-hub.aspx

I acknowledge that:

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

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

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

Signature of applicant
SIGN HERE
Name of applicant
Date



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

Credit/Debit card payment slip – please fill out	
Amount payable	Name on card Cardholder's signature SIGN HERE
Effective from: 21 November 2024	Page 11 of 13

# SECTION I: 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 7	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority.	$\times$
Question 7	A separate sheet with additional registration history details.	$\times$
Question 9	Certified copies of all documents that provide sufficient evidence of your identity.	$\times$
Question 11	Certified copies of all documents that provide sufficient evidence of your identity.	$\times$
Question 12	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances.	$\mathbf{X}$
Question 13	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number.	$\mathbf{X}$
Question 13	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances.	$\mathbf{X}$
<i>Questions 13 &amp; 14</i>	ICHC reference page provided by the approved vendor.	$\mathbf{X}$
Question 14	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number.	$\times$
Question 15	A separate sheet with your current suspension or cancellation details.	$\times$
Question 16	A separate sheet with your previous cancellation, refusal or suspension details.	$\times$
Question 17	A separate sheet with your previous conditions, undertakings or limitations details.	$\times$
Question 18	A separate sheet with your disqualifications details.	$\times$
Question 19	A separate sheet with your conduct, performance or health proceedings.	$\times$
Payment		
	Application fee	$\times$
	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

## **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 if 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.

#### **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.atsihealthpracticeboard.gov.au/Registration-Standards and the requirements for supplying proof of identity and certified documents at www.ahpra.gov.au/Registration/Applying-for-registration/Proof-of-Identity and www.ahpra.gov.au/certify.aspx **PRACTICE** Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health 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 patients or clients, working in management, administration,

relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

#### **REGISTRATION APPROVAL DATES**

**On the date of the Board's approval** – this means your registration will start on the date all application requirements are received and you're assessed as eligible for registration.

**On the date below or the date of the Board's approval, whichever is the latter** – this means your registration will start on the date you nominated, providing it is after the date of the Board's approval. If not, then your registration will start on the date of the Board's approval.

