Osteopathy Board Ahpra

Application for limited registration in the public interest

Profession: **Osteopathy**

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

This form is for appropriately qualified osteopaths, with overseas or other qualifications, who do not qualify for general registration and who wish to apply for limited registration in the public interest. An osteopath registered under this category of registration will not be eligible to undertake independent private or public practice. In general, the Osteopathy Board of Australia (the Board) will only register an osteopath under this category of registration for a limited time and/or for a limited scope.

Examples of where it might be in the public interest to register an osteopath include an unexpected situation where a natural disaster has occurred, or an expert demonstrating a procedure, participating in a workshop or providing a lecture. The Board expects that applicants seeking limited registration in the public interest will have a sponsor/employer that supports the application.

Applications may be submitted up to four months in advance.

This application comprises:

- **Part A:** to be completed by the applicant
- **Part B:** to be completed by the sponsor/employer
- **Part C:** to be completed by the applicant

It is important that you refer to the Board's guidelines before completing this application. Registration standards, codes and guidelines can be found at **www.osteopathyboard.gov.au**

This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

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

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

Symbols in this form

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

Attention
Highlights important information about the form.

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

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

Mail document(s) directly to Ahpra
Requires delivery of documents by an organisation or the applicant.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in BLOCK LETTERS
- Place X in **all** applicable boxes: ✕
- **DO NOT send original documents unless specified.**

Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

PART A – To be completed by the applicant

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?

If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board.

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

Title*

MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER SPECIFY

Family name*

First given name*

Middle name(s)*

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

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

2. What are your birth and personal details?

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)

VIC ☐ NSW ☐ QLD ☐ SA ☐ WA ☐ NT ☐ TAS ☐ ACT ☐

Sex*

MALE ☐ FEMALE ☐ INTERSEX / INDETERMINATE ☐

Languages spoken other than English (optional)*

SECTION B: Proof of identity

You must provide proof of your identity with this application

The minimum requirements for overseas applicants, or those who have recently arrived in Australia, can be found in the Ahpra *Proof of identity requirements* document under the heading *What special circumstances apply to overseas applicants or applicants who have recently arrived in Australia?* This document is available at www.ahpra.gov.au/identity

- You **must** provide evidence from category A, B, and C.
- You **must** only use each document once.
- If your evidence from category C or B does not include your residential address, you **must** also provide evidence from category D.

Please indicate on the chart below which piece of evidence you are submitting for each category and attach the certified copies of documents to your application.

3. Which documents from each category will you provide for proof of identity?

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

- At least **one** document **must** be in the applicant's current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. For documents translated in Australia, the translator **must** be accredited by NAATI – see **www.naati.com.au** For documents translated overseas, see **www.fit-ift.org** for a list of authorities who provide certified translations. Please refer to *Translating documents* at **www.ahpra.gov.au/translate** for further information.
- Australian birth certificate extracts are **not** accepted.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

Choose proof of identity documents to submit: (A document may only be used once for any category)

Documents	Category used: A	B	C	Documents	Category used: A	B	C
Australian passport	☐	☐	☐	Medicare card	NA	NA	☐
Overseas passport with current Aust. visa	☐	☐	☐	PAYG payment summary	NA	NA	☐
Australian birth certificate	☐	NA	☐	Motor vehicle registration	NA	NA	☐
Current Australian visa	☐	NA	☐	Financial institution statement	NA	NA	☐
Australian Armed Services papers	☐	NA	☐	Taxation assessment notice	NA	NA	☐
Travel documents with Aust. visa	☐	NA	☐	Health insurance card	NA	NA	☐
Australian citizenship certificate	☐	NA	☐	Pension card	NA	NA	☐
Australian driver licence	NA	☐	☐	**Category D documents**			
Working with children check card	NA	☐	☐	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
Firearm or shooters licence	NA	☐	☐				
Student ID card	NA	☐	☐				
International driver licence	NA	☐	☐	I have used a Category B or C document that has my current residential address			☐
Proof of age card	NA	☐	☐				
Change of name certificate	NA	NA	☐	Mortgage papers			☐
Australian marriage certificate	NA	NA	☐	Rate notices			☐
Australian divorce papers	NA	NA	☐	Lease or tenancy agreement			☐
Board registration certificate	NA	NA	☐	Utility account			☐
Bank acct. details – credit or ATM card	NA	NA	☐	Electoral enrolment card			☐

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

4. What is your residency status within Australia?

Current residency status

☐ Permanent Australian resident ☐ Temporary resident ***(Provide details of visa status below)***

SECTION C: Contact information

Once registered, you can change your contact information at any time. Please go to **www.ahpra.gov.au** and

- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
- log in to your Ahpra account to change your details online.

5. 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 ☐

International (insert calling code) ☐

Email

6. What is your residential address?

When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

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

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State or territory (e.g. VIC, ACT)**/International province***

Postcode/ZIP*

Country (if other than Australia)

7. Will the address of your principal place of practice be the same as your residential address?

YES ☐ NO ☐ ***Provide your Australian principal place of practice below***

Principal place of practice for a registered health practitioner is:

- the address at which you will predominantly practise the profession; or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State/Territory* (e.g. VIC, ACT)

Postcode*

8. What is your mailing address?

Your mailing address is used for postal correspondence.

- ☒ My residential address
- ☒ My principal place of practice
- ☒ Other ***(Provide your mailing address below)***

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)**/International province**

Postcode/ZIP

Country (if other than Australia)

SECTION D: Qualification for the profession

To be eligible for limited registration in the public interest, you must have an undergraduate qualification that is determined by the Board to be relevant and suitable.

9. What are the details of your osteopathy qualification?

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

Primary qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

You **must** attach an original certified copy of your primary osteopathy degree certificate that indicates completion of a course of study leading to a qualification as an osteopath.

Additional qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

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

SECTION E: Registration history

10. What is your health practitioner registration history?

To be eligible for limited registration in the public interest you **must** provide evidence of current registration in the overseas locations where you practice.

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.

Current registration

State/Territory/Country

Profession

Period of registration

D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

Additional registration

State/Territory/Country

Profession

Period of registration

D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

If you have been previously registered outside of Australia, you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state office.
Refer to **www.ahpra.gov.au/About-Ahpra/Contact-Us** for your Ahpra state office address.

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

SECTION F: Work history

11. What is your full practice history?

It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history.

You **must** attach to your application a **signed and dated** curriculum vitae that describes your full practice history and details of any clinical or procedural training or skills development you have undertaken.

SECTION G: 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.osteopathyboard.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.

YES ☐ NO ☐

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

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**.

NO ☐ ***Go to the next question***

YES ☐ ***You are required to:***

- ***obtain an international criminal history check from an approved vendor for each country and provide details below, and***
- ***provide details of your criminal history in a signed and dated written statement.***

Country	Check reference number

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

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

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

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**.

NO ☐ ***Go to the next question***

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

Country	Check reference number

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

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

15. Have you previously been registered to practise as an osteopath in Australia and have used English as your primary language within the past five years?

All applicants for **initial registration**, which includes all applicants who have not used English as their **primary language** for a period of greater than five years (as at date of application), must demonstrate they meet the *English language skills registration standard*.

YES ☐ I declare I have used English as my primary language within the past five years. ***Go to question 20***

NO ☐ ***Go to the next question***

All applicants must demonstrate English language competency via one of the following pathways:

An evidence requirements guide is available at **www.ahpra.gov.au/EnglishLanguageSkills**.
Recognised country means one of the following countries:

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

Combined secondary and tertiary education pathway
You have undertaken and satisfactorily completed:

- at least two years of secondary education that was taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English in a recognised country.

Extended education pathway
You have undertaken and satisfactorily completed at least six years' (full time equivalent) continuous education taught and assessed solely in English, in any of the recognised countries, which includes tertiary qualifications in the profession on which you are relying to support your eligibility for registration under the National Law.

Primary language pathway
With overseas qualification in a non-recognised country
English is your primary language and you have undertaken and satisfactorily completed:

- all of your primary and secondary education taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

English language test pathway
You have achieved the required minimum scores in one of the approved English language tests and meet the requirements for test results specified in the Board's *English language skills registration standard*.

16. Which one of the English language competency pathways do you meet?

Ahpra may verify the information you provide below.

For more information, see *English language skills* in the *Information and definitions* section of this form.

If a qualification that was relied on for registration is not an approved program of study, you **must** provide confirmation that the course was taught and assessed solely in English. A list of approved programs of study is available at **www.ahpra.gov.au/Education/Approved-Programs-of-Study**

- ☐ Combined secondary and tertiary education pathway ▶ ***Provide details of secondary and tertiary education in the table below, then go to question 20***
- ☐ Extended education pathway ▶ ***Provide details of secondary, vocational and tertiary education in the table below, then go to question 20***
- ☐ Primary language pathway ▶ This is a declaration that English is your primary language ***Provide details of primary, secondary and tertiary education in the table below, then go to question 20***
- ☐ English language test pathway ▶ ***Go to question 17***

Complete the following table of education undertaken in chronological order (earliest to most recent):

Timeframe	Level of education	Program name *If applicable*	Education institution *Specify name and address*	Recognised country *If applicable*	Study status
Study commenced: MM/YYYY Study completed: MM/YYYY	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time
Study commenced: MM/YYYY Study completed: MM/YYYY	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time
Study commenced: MM/YYYY Study completed: MM/YYYY	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time

Please attach a separate sheet with any additional details that do not fit in the space provided above.
If a qualification specified above was relied on for registration and is **not** an approved program of study, you **must** provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English.
If the transcript does not confirm that the course was taught and assessed solely in English, you **must** arrange for a letter in the required form to be provided directly to Ahpra by the education provider confirming that the course was taught and assessed solely in English.

17. Were your results from the English language tests obtained in one or two sittings?

In certain circumstances, you can use English language test results from a maximum of two test sittings **in a six month period**. For more information, refer to the Board's *English language skills registration standard*.

- ☐ One sitting ▶ ***Provide date of test below, then go to the next question and complete details for one sitting***
- ☐ Two sittings ▶ ***Provide dates below, then go to the next question and complete details for both sittings***

Sitting one DD/MM/YYYY Sitting two DD/MM/YYYY

18. Which of these English language tests have you successfully completed?

Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results.

☒ **International English Language Test System (IELTS) Academic module**

Test report form number – sitting one: [A]

Test report form number – sitting two (if applicable): [A]

The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

☒ **Pearson Test of English Academic (PTE Academic)**

Registration ID – sitting one:

Registration ID – sitting two (if applicable):

The Board requires the PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

☒ **Test of English as a Foreign Language internet-based test (TOEFL iBT)**

Registration number – sitting one:

Registration number – sitting two (if applicable):

The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.

If your English language test(s) were completed within the past two years, you **must** provide a copy of your test results, including the reference number(s), so that Ahpra can verify your results.
If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.

19. Were your results from the above-mentioned English language tests obtained in the past two years?

YES ☒ NO ☒

In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced**:**

- continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice, **and/or**
- continuous enrolment in an approved program of study.

You **must** lodge this application within 12 months of completing the employment and/or program of study.

You **must** attach a certified copy of your English language test results, **and**:

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner in a recognised country (if you are relying on continuous employment over two years in duration, only two years is required), **and/or**
- an academic transcript evidencing that you were enrolled continuously in a Board-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

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

The Board requires all applicants for general registration to have appropriate professional indemnity arrangements in place when practising. Applicants unable to meet this requirement are ineligible for registration. For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

YES ☒ NO ☒

21. If you graduated more than 12 months ago, have you completed at least 450 hours in your current domain of practice as an osteopath in the past three years?

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

YES ☒ NO ☒

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

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

YES ☒ NO ☒

You **must** attach to this application details of any impairments and how they are managed.

23. Do you hold a current first aid certificate at the minimum standard of a Senior First Aid (Level 2) or equivalent?

For more information, see *Continuing professional development* in the *Information and definitions* section of this form.

YES ☐ NO ☐

STOP All registered osteopaths (except those with non-practising registration) **must** maintain a current first aid certificate at the minimum standard of a Senior First Aid (Level 2) certificate or equivalent.

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

YES ☐ NO ☐

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

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

YES ☐ NO ☐

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

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

YES ☐ NO ☐

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

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

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

YES ☐ NO ☐

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

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

YES ☐ NO ☐

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

SECTION H: Details of the public interest requirement

29. When will your registration period begin?

☒ The date of the Board's approval

☒ The date indicated below, being a date subsequent to the Board's determination

Commencement date

D D / M M / Y Y Y Y

30. How many days do you require the limited registration?

Registration will be granted for a maximum period of one month unless there are special circumstances to require registration for up to, but not exceeding, three months.

Days

SPECIFY

If there are special circumstances you **must** attach a detailed statement of those circumstances, signed by the sponsor/employer to this application.

31. What is the nature of the public interest position/role for which limited registration is being sought?

Practitioners with limited registration for public interest must provide details of sponsor/employer (see Part B). If there is any change to the position/role, you will be required to submit a new application to the Board.

Title of the position/role

You **must** attach a position description including:

- key selection criteria addressing clinical responsibilities, qualifications and experience required, and
- in the case of an osteopath who will demonstrate a procedure or participate in a workshop, details of the clinical activities the practitioner will be undertaking.

SECTION I: Obligations, consent and declaration

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

Obligations of registered health practitioners

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

Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event.
   Relevant event means—
   a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
   b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
   c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
   d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
   e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
   f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
   g) a complaint is made about the practitioner to the following entities—
      (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
      (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
      (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
      (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
      (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
   h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

Change in principal place of practice, address or name

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

Employer's details

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

Consent to nationally coordinated criminal history check

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

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

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

  b) an audit carried out by the National Board,

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

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

Declaration

I **declare** that:

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

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

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

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

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

I **acknowledge** that:

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

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

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

Signature of applicant

SIGN HERE

Name of applicant

Date

D D / M M / Y Y Y Y

PART B – To be completed by the sponsor/employer

SECTION J: Sponsor/employer details

32. What are the details of the sponsor/employer?

Provide sponsor/employer details below

Name of sponsor organisation

MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER SPECIFY

Family (legal) name of sponsor contact

First given name

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)/International Province

Postcode/ZIP

Country

Business phone

Mobile

Email

33. Is the contact person for the sponsor/employer organisation registered as an osteopath?

YES ☐ ***Provide registration number below*** NO ☐

Registration number

OST

SECTION K: List of sites

34. What are the names and addresses of all sites of practice for which limited registration is being sought?

Site/Building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State/Territory (e.g. VIC, ACT)

Postcode

Site/Building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State/Territory (e.g. VIC, ACT)

Postcode

Attach a separate sheet with the names and addresses of additional sites that do not fit in the spaces provided.

SECTION L: Sponsor/employer's consent

I declare that the information provided in this document (including supervision and training details) is true and correct.
I confirm that the doctor (applicant) named below has been formally offered the position as described in this application.

Name of applicant

Name of sponsor/employer

Date

D D / M M / Y Y Y Y

Signature of sponsor/employer

SIGN HERE

PART C – To be completed by the applicant

SECTION M: Payment

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

Use the table below to select your registration fee. Your registration fee depends on how many months you will be registered (maximum of three months) and your principal place of practice.

Application fee:		Registration fee:			Amount payable:
$411	+	**$** INSERT FEE	=		**$** INSERT FEE

Number of months	National fee	NSW fee
Registration for 1 month	**$34**	**$44**
Registration for 2 months	**$69**	**$88**
Registration for 3 months	**$103**	**$132**

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

Refund rules
The application fee is non-refundable. The registration fee will be refunded if the application is not approved.

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

Credit/Debit card payment slip – please fill out

Amount payable

$

Visa or Mastercard number

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date

M M / Y Y

Name on card

Cardholder's signature

SIGN HERE

SECTION N: Checklist

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

Additional documentation		Attached
Question 1	Evidence of a change of name	☐
Question 3	Certified copies of all documents that provide sufficient evidence of your identity	☐
Question 9	Original certified copy of your primary osteopathy degree certificate	☐
Question 9	A separate sheet with additional qualification details	☐
Question 10	Certificate of Registration status or Certificate of Good Standing has been requested from relevant authority	☐
Question 10	A separate sheet with additional registration details	☐
Question 11	Your curriculum vitae	☐
Question 12	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	☐
Question 13	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	☐
Question 13	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	☐
Questions 13 & 14	ICHC reference page provided by the approved vendor	☐
Question 14	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	☐
Question 16	A separate sheet with any additional qualification details	☐
Question 16	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	☐
Question 18	Copy of your English language test results	☐
Question 19	Certified copy of your English language test results	☐
Question 19	Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	☐
Question 22	A separate sheet with your impairment details	☐
Question 24	A separate sheet with your current suspension or cancellation details	☐
Question 25	A separate sheet with your cancellation, refusal or suspension details	☐
Question 26	A separate sheet with your conditions, undertakings or limitations details	☐
Question 27	A separate sheet with your disqualification details	☐
Question 28	A separate sheet with your conduct, performance or health proceedings	☐
Question 30	A detailed statement and/or other documentation explaining special circumstances	☐
Question 31	A position description	☐
Question 34	A separate sheet of the names and addresses of additional sites	☐
Payment		
	Application fee	☐
	Registration fee	☐

Please post this form with payment and required attachments to:

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY *(refer below)*

You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at **www.ahpra.gov.au**

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.
Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at **www.ahpra.gov.au/registration/registration-process**
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit **www.ahpra.gov.au/certify**
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at **www.ahpra.gov.au/certify**

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).
Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (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)

All registered practitioners must undertake CPD as specified in the Board's *Continuing professional development registration standard* to maintain their competence to practice. CPD should be relevant to your area of professional practice and have clear learning aims and objectives that meet your requirements.
CPD activities should also have a focus on the clinical aspects of practice, including diagnosis, evidence-based practice and patient safety.
To maintain their competence to practice, all registered osteopaths (except those with non-practising registration) must:

(a) undertake 25 hours of CPD annually, which includes a mandatory CPD activity approved by the Board, and
(b) maintain a current first aid certificate at the minimum standard of a Senior First Aid (level 2) certificate or equivalent.

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

CURRICULUM VITAE

Your curriculum vitae must:

- detail any gaps in your practice history of more than three months from the date you obtained your qualification, and the reasons for those gaps (e.g. undertaking study, travel, family commitment)
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)'
- be the signed original curriculum vitae (no faxes or scanned copies will be accepted).

It must also contain all the elements defined in Ahpra's standard format for curriculum vitae which can be found at **www.ahpra.gov.au/cv**

ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence of English language skills that meet the Board's *English language skills registration standard* which can be found at **www.osteopathyboard.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

Clinical practice means direct clinical care or oversight of direct clinical care of patients, using the current knowledge, skills and attitudes of the osteopathic profession, whether remunerated or not, and regardless of job title.
Non-clinical practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession, except for the provision of direct clinical care. It includes working 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 the safe, effective delivery of services in the profession and/or use of their professional skills.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You must have PII, or some alternative form of indemnity cover that complies with the Board's registration standard, for all aspects of your practice.
Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII—you will need to confirm this with your employer.
For more information, view the full registration standard online at **www.osteopathyboard.gov.au/Registration-Standards**

RECENCY OF PRACTICE

To ensure that you are able to practise competently and safely, you will be required to meet the Board's recency of practice requirements with any application for renewal.
To ensure you are able to practise competently and safely, all practising registrants must undertake at least 450 hours of practice in the previous three years in order to maintain recency of practice in your current domain of practice as an osteopath.
The specific requirements for recency depend on the field of practice, your level of experience and the length of absence from the field. If you propose to change your field of practice, the Board will consider whether your peers would view the change as a normal extension or variation within a field of practice, or a change that would require specific training and demonstration of competence.
Practitioners who are unable to meet the recency of practice requirements will be required to submit a plan for re-entry to practice for the Board's consideration and may be required to undertake an assessment of their competency to practise or complete specific education.
For more information, view the full registration standard online at **www.osteopathyboard.gov.au/Registration-Standards**