



## **Application for general registration**

## For osteopaths currently holding provisional registration

Profession: **Osteopathy** 

Section 77 of the Health Practitioner Regulation National Law (the National Law)

This form is for registrants currently holding provisional registration obtained after 1 July 2010 who are applying for general registration as an osteopath in Australia.



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.

## **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.

## **SECTION A:** Personal details



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

 What is your Ahpra registration number?

Ahp	ra re	gistr	ation	num	ber			
0	S	Τ						

2. What is your name and date of birth?

Title*	MR 🔣	MRS 🔣	MISS 🔀	MS 🔀	DR 🔀	OTHER	SPECIFY	
Family	y name*							
First given name*								
Middle name(s)*								
Previo	Previous names known by (e.g. maiden name)							
Date o	Date of birth DD / MM / YYYY							
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								

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3. What are your birth and personal details?  Birth details are required to enable the Board to check your criminal history.	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: Contact info	ormation
	the change of address form CHDT-00 – Request for change of address details on the register, or bunt to change your details online.  Provide your current contact details below – place an next to your preferred contact phone numbers.  Business hours  Mobile  After hours  Email
5. What is your residential	Site/building and/or position/department (if applicable)
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	Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)
register as your principal place of practice. Refer to the question below	City/Suburb/Town*
for the definition of principal	

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

**Country (if other than Australia)** 

Postcode/ZIP\*

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place of practice.

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

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6.	Will the address of your principal place of practice be the same as your residential address?	YES NO Site/building and/or position/departmen	O Provide your Australian principal place of practice below
	Principal place of practice for a registered health practitioner is:		
	<ul> <li>the address at which you will predominantly practise the profession; or</li> </ul>	Address (e.g. 123 JAMES AVENUE; or UNIT	Γ 1A, 30 JAMES STREET)
	<ul> <li>your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.</li> </ul>		
	Principal place of practice cannot be a PO Box. The information items marked	City/Suburb/Town*	
	with an asterisk (*) will appear on the public register.	State/Territory* (e.g. VIC, ACT)	Postcode*
7.	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 addres	ss below)
		Site/building and/or position/departmen	nt (if applicable)
		Address/PO Box (e.g. 123 JAMES AVENUE	e; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

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## **SECTION C:** Qualification for the profession



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

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

The Board's website contains information on approved qualifications and examinations or assessments accepted under point (c) above.

8. Are you applying for initial general registration?



You **must** provide evidence of completion of the following:

- an approved supervised practice program, and
- a Board-required assessment conducted by the Australian and New Zealand Osteopathic Council (ANZOC) through the competent authority pathway leading to initial registration.

N0





If you previously held general registration or equivalent, please complete the form AGEN-56 – Application for general registration as an osteopath.

## **SECTION D:** 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.

Preceding period of registration refers to the period of time between the first and last day of your current registration.

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?



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 on page two of this form.









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/ international criminal history.



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, and
- provide details of the change in 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 overseas countries reference number does not fit in the space provided.	s and corresponding check
You <b>must</b> attach the international criminal history check (ICHC) r the approved vendor.	eference page provided by
You <b>must</b> attach a signed and dated written statement with deta criminal history in each of the countries listed and an explanation	, ,

### 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

### **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.

- New Zealand
- Republic of Ireland

### **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.

- South Africa
- United Kingdom

### 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.

· United States of America.

**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.

### 11. 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.

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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

Extended education pathway

Primary language pathway

Provide details of secondary and tertiary education in the table below	И
then go to question 15	

Provide details of secondary, vocational and tertiary education in the table below, then go to question 15

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 15

English language test pathway

Go to question 1.
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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 co If applicabl		Study status
Study commenced:  Study completed:	Primary Secondary Vocational Tertiary			New Zealand South Africa	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced:  Study completed:	Primary Secondary Vocational Tertiary			New Zealand South Africa	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced:  Study completed:	Primary Secondary Vocational Tertiary			New Zealand South Africa	Canada Republic of Ireland United Kingdom	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.

12.	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.
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

One sitting	Provide date of test below, then go to the next question and complete details for one sitting

Two sittings	Provide dat	tes below, then go to the next question and comp	plete details for both sittings
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Sitting one	DD/MM/YYYY	Sitting two D D / M M / Y Y Y Y
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13	. Whi	ich (	of t	hese	Eng	lish	land	ıuaqe	e test	ts I	have	vou	success	ful	l۷	comp	let	æď	?

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:  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).  Occupational English Test (0ET)  Candidate number – sitting one:  Candidate number – sitting two (if applicable):
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).  Occupational English Test (0ET)
(listening, reading, writing and speaking).  Occupational English Test (OET)
Candidate number – sitting one:  Candidate number – sitting two (if applicable):
The Board requires the OET with a minimum score of B 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 <b>must</b> 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 <b>must</b> provide a certified copy of your result

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

YES X





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.

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



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

/E	S 🔀	NO	×
	Provide details of your circumstance	es bel	OW



You **must** attach a separate sheet with additional details that do not fit in the space provided.

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r	o you meet the Board's ecency of practice	YES NO
re	For more information, see Recency of Practice in the Information and definitions of this form.	Provide details of why the recency of practice requirements have not been met  You must attach a separate sheet with additional details that do not fit in the space provided.
ti o a	To you have an impairment that detrimentally affects, or is likely to detrimentally ffect, your capacity to tractise the profession?	For more information, see <i>Impairment</i> in the <i>Information and definitions</i> section of this form.  YES   You <b>must</b> attach to this application details of any impairments and how they are managed.
s ti re	To you commit to completing ix hours of CPD for every hree months of registration emaining in the registration eriod?	For more information, see <i>Continuing professional development</i> in the <i>Information and definitions</i> section of this form.  YES NO
a s	o you hold a current first id certificate at the minimum tandard of a Senior First iid (Level 2) or equivalent?	For more information, see Continuing professional development in the Information and definitions section of this form.  YES NO 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.
a s A L	s your registration in my profession currently uspended or cancelled in australia (under the National aw or a corresponding prior act) or overseas?	YES NO You <b>must</b> attach to this application details of any registration suspension or cancellation.
r( 0 (I C	lave you previously had your egistration cancelled, refused or suspended in Australia under the National Law or a corresponding prior Act) or verseas?	YES NO You <b>must</b> attach to this application details of any cancellation, refusal or suspension.
b u A L	las your registration ever leen subject to conditions, indertakings or limitations in lustralia (under the National law or a corresponding prior lact) or overseas?	YES NO NO You <b>must</b> attach to this application details of any conditions, undertakings or limitations.
a o p (i a o	are you disqualified from pplying for registration, or being registered, in any profession in Australia under the National Law, corresponding prior Act or a law of a co-regulatory urisdiction), 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.

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24. 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?



NO





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

## **SECTION E:** 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**

 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
  - 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
  - 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

- 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;
  - 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 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 quidelines.

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 DD / MM / YYYYY

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## **SECTION F: 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 your principal place of practice.





### **Registration period**

The annual registration period for the osteopathy profession is from 1 December to 30 November.

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

#### Refund rules

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

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

Amount payable	Name on card
\$	
T	Cardholder's signature
or Mastercard number	SIGN HERE
Expiry date	JE SIGN FIERE
MM / VIV	



## **SECTION G:** Checklist

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

Additional do	cumentation	Attached
Question 2	Evidence of a change of name	$\times$
Question 8	Evidence of completion of requirements for initial general registration	$\times$
Question 9	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	$\times$
Question 10	A separate sheet of overseas countries and corresponding ICHC reference number	$\times$
Question 10	ICHC reference page provided by the approved vendor	×
Question 10	A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances	$\times$
Question 11	A separate sheet with any additional qualification details	×
Question 11	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	$\times$
Question 13	Copy of your English language test results	X
Question 14	Certified copy of your English language test results	$\times$
Question 14	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 15	A separate sheet with additional details of why you do not commit to having appropriate professional indemnity insurance	$\times$
Question 16	A separate sheet with details of why the recency of practice requirements have not been met	×
Question 17	A separate sheet with your impairment details	X
Question 20	A separate sheet with your suspension or cancellation details	$\times$
Question 21	A separate sheet with your cancellation, refusal or suspension details	$\times$
Question 22	A separate sheet with your conditions, undertakings or limitations details	$\times$
Question 23	A separate sheet with your disqualification details	$\times$
Question 24	A separate sheet with your conduct, performance or health proceedings	$\times$
Payment		
	Registration fee	X

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 Mell Adelaide SA 5001 Perth WA 6001 Hob

Melbourne VIC 3001 Hobart TAS 7001 Brisbane QLD 4001 Darwin NT 0801

### Information and definitions

### **CERTIFYING DOCUMENTS**

DO NOT send original documents unless specified.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

 be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at

### www.ahpra.gov.au/registration/registration-process

- 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

### **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