



# Request for issue of certificate of registration status (Certificate of Good Standing)

Health Practitioner Regulation National Law (the National Law)



The application for requesting a certificate of registration status is available for completion as an online form (www.ahpra.gov.au/ Registration/Registration-Process/Common-Application-Forms.aspx) for practitioners with an Ahpra registration number.



The certificate of registration status is delivered to the regulatory boards only and not to the individual.

If you intend to work within another Australian state/territory, you are not required to complete this form. It is only required to be completed by a practitioner who is seeking registration or employment outside Australia.

# Symbols in this form



#### Additional information

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



Highlights important information about the form.



#### Attach document(s) to this form

Processing cannot occur until all required documents are received.



#### Signature required

Requests appropriate parties to sign the form where indicated.

## 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.



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



Do not email this form.

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

# **SECTION A:** Personal details and identification

1. What is your name and date of birth?

Title MR	MRS	X	MIS	ss 🔀	I	MS	×		DR	X	ОТНІ	ER		SF	PECI	FΥ		]			
Family name																					
First given	name																				
Middle name(s)																					
Previous names known by (e.g. maiden name)																					
Date of bir	th							Sex													
DD/MM/YYYY					MALE 🔀			FEMALE			INTERSEX/INDETERMINATE					X					
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.																					

What is your Ahpra registration number?

must be completed.										
Registration number										

Effective from: 18 October 2024



#### **Contact information**

You can change your contact information at any time.

Please go to www.ahpra.gov.au/login to change your contact details using your online account.

City/Suburb/Town

**Country (if other than Australia)** 

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

3. What are your contact details?

Provide your current contact details below – place an next to your preferred contact phone number.

Business hours

After hours

Email

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)

Postcode/ZIP

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# **SECTION B:** Organisation to receive certificate



Provide details below of the organisation that is the intended recipient of the certificate of registration status.

A valid list of current regulatory bodies/approved organisations are available on the Ahpra website (www.ahpra.gov.au).

Ahpra has a requirement to only issue a certificate of registration status to a valid/approved regulatory body. Where Ahpra assesses that

the organisation details are not for a valid entity, Ahpra will not continue to process the application and is not obligated to refund the application fee.

5. What are the organisation mailing address details?

Name of organisation											
Site/building (if applicable)											
Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)											
(2.3)		,									
City/Suburb/Town*											
State or territory (e.g. VIC, AC	CT)/Province	Postcode/ZIP	Postcode/ZIP								
Country (if other than Australia)											
Email											

# **SECTION C:** 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.

I declare that I am the registrant named in this document.

I authorise that the certificate of registration status is to be released to the organisation named on this form.

I authorise the certificate of registration status to include:

- the details of my registration; and
- any Regulatory Action taken against my registration in the 10 years preceding the date on which this form is signed by me.

I acknowledge that Regulatory Action may include:

- cautions imposed by the Board;
- · conditions, registration requirements or notations imposed by the Board;
- undertakings accepted by the Board;
- reprimands issued; and
- any investigations or legal proceedings currently underway or contemplated.

I acknowledge that:

- Regulatory Action is not restricted to information that is or may have been accessible to the public, including because it is or was published in a National Register.
- notices required under the National Law and other correspondence relating to my request and registration will be sent electronically to me via my nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable Ahpra to
  perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

Name of registrant	Signature of registrant
Date	SIGN HERE
	JES OIGHT FILTE

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# **SECTION D:** Payment

# **Amount payable:**

\$50

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

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

Credit/Debit card payment slip – please fill out					
Amount payable	Name on card				
\$					
Vice or Mestargard number	Cardholder's signature  SIGN HERE				
Visa or Mastercard number  Expiry date  M M / Y Y					

# **SECTION E:** Checklist

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

Additional documentation					
Question 1	Evidence of a change of name				
Payment					
	Payment amount	$\times$			



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You may contact Ahpra on 1300 419 495

### Information and definitions

#### **CERTIFYING DOCUMENTS**

#### DO NOT send original documents.

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

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

Certified copies will only be accepted via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx