



Application for specialist registration

For overseas qualified applicants

Profession: Podiatry

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

This form is for overseas qualified applicants who:

- hold qualifications in podiatric surgery that are not approved by the Podiatry Board of Australia (the Board), and
- are applying for specialist registration as a podiatric surgeon in Australia.

The Board's website contains information on approved qualifications. For more information, see *Approved programs of study* on the Board's website at www.podiatryboard.gov.au/accreditation

The Board requires all those applying for specialist registration to meet the Board's *Registration standard for specialist registration* in addition to meeting all other requirements for general registration as a podiatrist, including the *Recency of practice registration standard*. The Board's *Registration standard for specialist registration* requires all applicant's for specialist registration to provide evidence of having completed a minimum of two years full time (or equivalent) general podiatry practice in a clinical setting.

It is important that you refer to the Board's registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at www.podiatryboard.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.

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.

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 are your name and birth details?

Title*	MR <input type="checkbox"/>	MRS <input type="checkbox"/>	MISS <input type="checkbox"/>	MS <input type="checkbox"/>	DR <input type="checkbox"/>	OTHER <input type="text" value="SPECIFY"/>
Family name*						
<input type="text"/>						
First given name*						
<input type="text"/>						
Middle name(s)*						
<input type="text"/>						
Previous names known by (e.g. maiden name)						
<input type="text"/>						
Date of birth	<input type="text" value="DD"/>	/	<input type="text" value="MM"/>	/	<input type="text" value="YYYY"/>	
Country of birth						
<input type="text"/>						

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.

2. Do you currently hold general registration as a podiatrist in Australia?

YES ☒

NO ☐ Go to Section B: Proof of identity

Details required below – then go to Section C: Contact information

Registration number*

P

O

D


SECTION B: Proof of identity

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

3. Are you applying for registration from within Australia?

YES ☒

NO ☐ Go to the next question

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


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

- At least **one** document must be in your current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- For documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.


Choose proof of identity documents to submit – then go to Section C: Contact information

- You **must** provide one document from each category A, B and C, and one document from category D if the document supplied for category B or C does not contain evidence of a current Australian residential address.
- A document may only be used once for any category.

Documents	Category used:			Documents	Category used:		
	A	B	C		A	B	C
Australian birth or adoption certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian financial institution account	NA	NA	<input checked="" type="checkbox"/>
Australian visa (Foreign passport must be selected as evidence for Category B)	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian Medicare card	NA	NA	<input checked="" type="checkbox"/>
ImmiCard	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian PAYG payment summary	NA	NA	<input checked="" type="checkbox"/>
Australian citizenship certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian motor vehicle registration	NA	NA	<input checked="" type="checkbox"/>
Australian passport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian Taxation Assessment Notice	NA	NA	<input checked="" type="checkbox"/>
Australian driver's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian insurance policy	NA	NA	<input checked="" type="checkbox"/>
Foreign passport	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian pension/healthcare card	NA	NA	<input checked="" type="checkbox"/>
Australian Working with Children Check or Vulnerable People Check	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Category D documents			
Australian firearms or shooter's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
Australian student ID card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I have used a Category B or C document that has my current residential address			<input checked="" type="checkbox"/>
International or foreign driver's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian rate notice			<input checked="" type="checkbox"/>
Australian proof of age card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Current Australian lease or tenancy agreement			<input checked="" type="checkbox"/>
Australian government benefits	NA	NA	<input checked="" type="checkbox"/>	Australian utility account			<input checked="" type="checkbox"/>
Australian academic transcript	NA	NA	<input checked="" type="checkbox"/>				
Australian registration certificate	NA	NA	<input checked="" type="checkbox"/>				



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



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

4. Are you applying for registration from outside Australia?


YES  Go to the next question

NO  Go back to question 3 to nominate the proof of identity you will provide with your application

5. Can you meet the proof of identity requirements for applicants applying for registration within Australia?

NO 

YES  Go back to question 3 to nominate the proof of identity you will provide with your application













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

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

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

Choose proof of identity documents to submit – then go to Section C: Contact information

- You **must** provide one category B document and two category C documents.
- A document may only be used once for any category.

Documents	Category used:		Documents	Category used:	
	B	C		B	C
Passport or travel document (Certificate of Identity, Document of Identity, ImmiCard, Laissez Passer and Titre de Voyage)			Birth certificate	NA	
			Driver's licence	NA	
Australian passport			Marriage certificate	NA	
Australian visa (must be provided in conjunction with a foreign passport of travel document)	NA		Identity card	NA	
			Australia citizenship certificate	NA	



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



Certifying documents

- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- For documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.



SECTION C: Contact information



Once registered, you can change your contact information at any time.

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

6. What are your contact details?

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

Business hours

 ☒

Mobile

 ☒

After hours

 ☐

Email

7. 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)

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



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.

YES ☐

NO ☒ *Provide your Australian principal place of practice below*

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*



9. 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: Specialist qualification for the profession



In accordance with section 57 of the National Law, to be eligible for specialist registration you must be qualified for specialist registration in the health profession. Section 58 of the National Law states that to be qualified you must hold either:

- (a) an approved qualification for the specialty
- (b) another qualification that the National Board established for the health profession considers to be substantially equivalent, or based on similar competencies, to an approved qualification for the specialty
- (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 specialty, or
- (d) a qualification, not referred to in (a) or (b), that under the National Law, or a corresponding prior Act, qualified you for specialist registration (however described) in the specialty and you were previously registered on the basis of holding that qualification for the specialty.

For further information on approved qualifications, see *Approved programs of study* on the Board's website at www.podiatryboard.gov.au/accreditation

10. Do you hold a specialist qualification approved by the Board?



NO ☐ *Go to the next question*



Do not use this application form. To apply for specialist registration, please complete the application form *ASPC-70 - Application for specialist registration*, available at www.podiatryboard.gov.au/Registration-Endorsement/Forms.

11. What are the details of your specialist qualifications?



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

Specialist qualification

Title of qualification

Name of institution (University/College/Examining body)

Country

Completion date

 /

Length of program



You **must** attach a certified copy of your original academic transcript and testamur/qualification certificate that indicates completion of the qualification mentioned in this form.



Additional specialist qualification

Title of qualification

Name of institution (University/College/Examining body)

Country

Completion date

 /

Length of program



You **must** attach a certified copy of your original academic transcript and testamur/qualification certificate that indicates completion of the qualification mentioned in this form.



Attach a separate sheet if all your specialist qualifications do not fit in the space provided.

SECTION E: Registration history

12. Do you currently hold general registration with the Podiatry Board of Australia?

YES ☐

Go to the next question

NO ☐

Go to question 15

13. Since you were granted registration in Australia, have you practised as a health practitioner outside of Australia?

YES ☐

Go to question 15

NO ☐

Go to the next question

14. Since you were granted registration in Australia, has your registration status or good standing in a country other than Australia changed?

YES ☐

Go to the next question

NO ☐

Go to Section F: Work history

15. What is your health practitioner registration history?



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 10 years**.

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

Most recent registration

State/Territory/Country

Profession

Period of registration

 / / to / /


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.



Additional registration

State/Territory/Country

Profession

Period of registration

 / / to / /


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

SECTION F: Work history

16. 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 any clinical or skills training undertaken.

SECTION G: Registration period



The annual registration period for the podiatry profession is from 1 December – 30 November each year.

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

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

17. If this application is approved, when would you like your specialist registration to begin?

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

☐ On the date of the Board's approval

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

 / /


You can't start practising until registration has been granted. Please consider if the date you have nominated gives you time to complete any pre-employment or pre-training program requirements. You can update this date by contacting your Regulatory Officer at any time until we finalise your application.

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

SECTION H: General podiatry practice



The Board's *Registration standard for specialist registration* requires all applicant's for specialist registration to provide evidence of having completed a minimum of two years full time (or equivalent) general podiatry practice in a clinical setting as well as meeting all other requirements for general registration as a podiatric surgeon in Australia.

18. Do you have at least two years general podiatry practice experience in Australia?

YES ☐

NO ☐ **Go to the next question**

Attachment required below – then go to Section I: Suitability statements



Provide details of your work history in general podiatry practice for at least two years in Australia.



19. Do you have at least two years general podiatry practice experience outside of Australia?

YES ☐



Provide details of your work history in general podiatry practice for at least two years outside of Australia.

NO ☐



You may not be eligible for specialist registration. Provide explanatory information about the experience you have relevant to this application.

SECTION I: 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.podiatryboard.gov.au/Registration-Standards for further information.

20. Do you currently hold registration with the Podiatry Board of Australia?

YES ☐

Go to the next question

NO ☐

Go to question 23

21. 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 of this form.

YES ☐

NO ☐



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

22. 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?

NO ☐

Go to question 26

YES ☐

You are required to:

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



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

Provide details below, then go to question 26

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 any change to your criminal history in each of the countries listed and an explanation of the circumstances.

23. 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.



24. 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.

25. 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.

26. Are you currently registered to practise as a podiatrist 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 31

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/Registration/Registration-Standards/English-language-skills.
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*.

27. 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.

Combined secondary and tertiary education pathway

☐ Provide details of secondary and tertiary education in the table below, then go to question 31

Extended education pathway

☐ Provide details of secondary, vocational and tertiary education in the table below, then go to question 31

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 31

English language test pathway

☐ Go to question 28

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

Timeframe	Level of education	Program name <i>If applicable</i>	Education institution <i>Specify name and address</i>	Recognised country <i>If applicable</i>	Study status
Study commenced: <div><div>MM</div><div>YYYY</div></div>	<input type="checkbox"/> Primary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada	<input type="checkbox"/> Full time
	<input type="checkbox"/> Secondary			<input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland	<input type="checkbox"/> Part time
Study completed: <div><div>MM</div><div>YYYY</div></div>	<input type="checkbox"/> Vocational			<input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom	
	<input type="checkbox"/> Tertiary			<input type="checkbox"/> United States	
Study commenced: <div><div>MM</div><div>YYYY</div></div>	<input type="checkbox"/> Primary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada	<input type="checkbox"/> Full time
	<input type="checkbox"/> Secondary			<input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland	<input type="checkbox"/> Part time
Study completed: <div><div>MM</div><div>YYYY</div></div>	<input type="checkbox"/> Vocational			<input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom	
	<input type="checkbox"/> Tertiary			<input type="checkbox"/> United States	
Study commenced: <div><div>MM</div><div>YYYY</div></div>	<input type="checkbox"/> Primary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada	<input type="checkbox"/> Full time
	<input type="checkbox"/> Secondary			<input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland	<input type="checkbox"/> Part time
Study completed: <div><div>MM</div><div>YYYY</div></div>	<input type="checkbox"/> Vocational			<input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom	
	<input type="checkbox"/> Tertiary			<input type="checkbox"/> United States	




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.

28. 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 ☐

Two sittings ☐

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

☐ 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

Effective from: 18 September 2024

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29. 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.

<p><input type="checkbox"/> International English Language Test System (IELTS) Academic module Test report form number – sitting one: <div style="border: 1px solid black; width: 100%; height: 25px; position: relative;"> A </div> <p>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).</p> </p>	<p>Test report form number – sitting two (if applicable): <div style="border: 1px solid black; width: 100%; height: 25px; position: relative;"> A </div> </p>
<p><input type="checkbox"/> Occupational English Test (OET) Candidate number – sitting one: <div style="border: 1px solid black; width: 100%; height: 25px; position: relative;"> - - </div> <p>The Board requires the OET with a minimum score of B or 350 in each of the four components (listening, reading, writing and speaking).</p> </p>	<p>Candidate number – sitting two (if applicable): <div style="border: 1px solid black; width: 100%; height: 25px; position: relative;"> - - </div> </p>
<p><input type="checkbox"/> Pearson Test of English Academic (PTE Academic) Registration ID – sitting one: <div style="border: 1px solid black; width: 100%; height: 25px; position: relative;"> </div> <p>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).</p> </p>	<p>Registration ID – sitting two (if applicable): <div style="border: 1px solid black; width: 100%; height: 25px; position: relative;"> </div> </p>
<p><input type="checkbox"/> Test of English as a Foreign Language internet-based test (TOEFL iBT) Registration number – sitting one: <div style="border: 1px solid black; width: 100%; height: 25px; position: relative;"> </div> <p>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.</p> </p>	<p>Registration number – sitting two (if applicable): <div style="border: 1px solid black; width: 100%; height: 25px; position: relative;"> </div> </p>



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.

30. 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.

31. 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 to have appropriate professional indemnity arrangements in place when practising. For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

YES ☐

NO ☐

32. Do you meet the Board's recency of practice requirements?



To meet the Board's *Registration standard: Recency of practice*, you are required to have practised at least 450 hours within the previous three years, or 150 hours within the previous 12 months in your intended scope of practice (podiatric surgery). If you don't meet the standard, you will be required to provide information to help the Board make a decision about your application.

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

YES 


Mark all options applicable to your application – then go to question 35

- ☒ I have practised a minimum of 150 hours in my intended scope of practice in the last year.
- ☒ I have practised a minimum of 450 hours in my intended scope of practice in the last three years.

NO *Go to the next question*



33. Do you have at least two years prior clinical practice experience as a registered podiatric surgeon?

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

YES  **Go to the next question** NO 

Attachment required below – then go to question 35



You must attach evidence of the following:

- at least one years' quota of CPD activities relevant to your intended scope of practice completed in the previous 12 months
- your practice history, that includes details of your previous scope(s) of practice and when you last practised as a registered podiatric surgeon (for example, your CV)
- your intended scope of practice, and
- any relevant activities carried out since you last practised as a podiatric surgeon, including any additional education or training.

You will have conditions placed on your registration to facilitate your return to safe professional practice. For more information, see *Recency of practice* in the *Information and definitions* section of this form.

34. How long have you been absent from practice?

Choose appropriate option

- ☐ Less than one year
- ☐ Between one and three years



You **must** attach evidence of:

- at least one years' quota of CPD activities relevant to your intended scope of practice completed in the previous 12 months, and
- your practice history, that includes when you last practised as a registered podiatric surgeon (for example, your CV).

- ☐ More than three years



You **must** attach:

- evidence of at least one years' quota of CPD activities relevant to your intended scope of practice completed in the previous 12 months, and
- a plan for professional development and re-entry to practice for consideration by the Board. Refer to information relating to re-entry to practice at www.podiatryboard.gov.au/Policies-Codes-Guidelines

35. Have you completed training in advanced life support conducted by an approved training organisation?



The training must be current and you must have a current certificate or other evidence that is issued by the approved training organisation to show that you have successfully completed the training. For more information view the full CPD registration standard and CPD guidelines online at www.podiatryboard.gov.au/Policies-Codes-Guidelines/CPD-resources.aspx

YES ☐ NO ☐

36. Will you be performing exposure-prone procedures in your practice?



Exposure prone procedures (EPPs) are procedures where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissues to the blood of the healthcare worker. These procedures include those where the healthcare worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

The CDNA has developed guidance on exposure-prone procedures in *Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017* available online at <https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en>

You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in *Appendix 2* of the national guidelines.

YES  **Go to the next question** NO  **Go to question 38**



37. Do you commit to comply with the **Australian National Guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses?**



This includes testing for HIV, Hepatitis C and Hepatitis B at least once every three years. Testing for Hepatitis B is not necessary if you have demonstrated immunity to HBV through vaccination or resolved infection.

YES ☐

NO ☐

38. 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.

39. 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.

40. 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.

41. 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.

42. 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.

43. 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 J: 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 my 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 Advertising 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
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SECTION K: Current registration period

44. Do you currently hold general registration as a podiatrist in Australia?

YES ☒

NO ☒ [Go to Section L: Payment](#)

You are required to pay an application fee only – [Go to question 45](#)

Amount payable:

\$206

SECTION L: Payment

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

Application fee:

\$206

+

Registration fee:

\$413

=

Amount payable:

\$619

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



Registration period

The annual registration period for the podiatry 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.

45. 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

Name on card

Cardholder's signature

 **SIGN HERE**



SECTION M: Checklist

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

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 3	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 5	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 11	Certified copies of your specialist qualifications	<input type="checkbox"/>
Question 11	A separate sheet with additional specialist qualifications details	<input type="checkbox"/>
Question 15	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
Question 15	A separate sheet with additional registration details	<input type="checkbox"/>
Question 16	Your curriculum vitae	<input type="checkbox"/>
Question 18	A separate sheet with details of your work history in general podiatry practice for at least two years in Australia	<input type="checkbox"/>
Question 19	A separate sheet with details of your work history in general podiatry practice for at least two years outside of Australia	<input type="checkbox"/>
Question 19	A separate sheet with explanatory information about the experience you have relevant to this application	<input type="checkbox"/>
Questions 21 & 23	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Questions 22 & 24	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
Questions 22 & 24	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	<input type="checkbox"/>
Questions 22, 24 & 25	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question 25	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
Question 27	A separate sheet with any additional qualification details	<input type="checkbox"/>
Question 27	Transcript(s)/letter(s) from the education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
Question 29	Copy of your English language test results	<input type="checkbox"/>
Question 30	Certified copy of your English language test results	<input type="checkbox"/>
Question 30	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	<input type="checkbox"/>
Question 33	Evidence of one years' quota of CPD activities relevant to your intended scope of practice	<input type="checkbox"/>
Question 33	Evidence of your practice history that includes when you last practised as a registered podiatric surgeon	<input type="checkbox"/>
Question 33	Evidence of your intended scope of practice	<input type="checkbox"/>
Question 33	Evidence of any relevant activities carried out since you last practised as a registered podiatric surgeon	<input type="checkbox"/>
Question 34	Evidence of one years' quota of CPD activities relevant to your intended scope of practice	<input type="checkbox"/>
Question 34	Evidence of your practice history that includes when you last practised as a registered podiatrist	<input type="checkbox"/>
Question 34	A plan for professional development and re-entry to practice	<input type="checkbox"/>
Question 38	A separate sheet with your impairment details	<input type="checkbox"/>
Question 39	A separate sheet with your suspension or cancellation details	<input type="checkbox"/>
Question 40	A separate sheet with your cancellation, refusal or suspension details	<input type="checkbox"/>
Question 41	A separate sheet with your conditions, undertakings or limitations details	<input type="checkbox"/>
Question 42	A separate sheet with your disqualification details	<input type="checkbox"/>
Question 43	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
<i>Payment</i>		
	Application fee	<input type="checkbox"/>
	Registration fee	<input type="checkbox"/>



Do not email this form.

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

Information and definitions

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

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

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

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

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

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

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

CERTIFYING DOCUMENTS

DO NOT send original documents.

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

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,

- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

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

CHANGE OF NAME

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

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted)
- Deed poll
- Change of name certificate

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

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

You are required to participate regularly in continuing professional development (CPD) that is relevant to your scope of practice.

Consumers of podiatric services have the right to expect that podiatric surgeons will provide services in a competent and contemporary manner that meets best practice standards. Continuing professional development is an interactive process to maintain, enhance and extend the practitioner's knowledge, expertise and competence throughout their career. It is an important component in the continued provision of safe and effective services.

For more information, view the full registration standard online at www.podiatryboard.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.podiatryboard.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 that you obtained your qualification
- be in chronological order
- be signed and dated with a statement, 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

It must also contain all of 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.podiatryboard.gov.au/Registration-Standards

IMPAIRMENT

Impairment means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that **detrimentially affects or is likely to detrimentially affect your capacity to practise the profession.**

The National Law requires you to declare any impairments at the time of application. If you have an impairment, you will need to provide details of the impairment and how it is managed.

PRACTICE

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

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.podiatryboard.gov.au/Registration-Standards

REGENCY OF PRACTICE

To ensure that you are able to practise competently and safely, you must have recent practice in the scope in which you intend to work during the period of registration for which you are applying.

To meet the standard you must have practised at least:

- 450 hours within the previous three years, or
- 150 hours within the previous 12 months in your intended scope of practice.

If you have been absent from practice, the specific requirements for recency depend on your scope of practice, your level of experience and the length of absence from the scope.

If you propose to change your scope of practice, the Board will consider whether your peers would view the change as a normal extension or variation in a scope of practice, or a change that would require specific training and demonstration of competence.

Practitioners who are unable to meet the Board's registration standard for recency of practice may be required to complete professional development activities, submit a plan for re-entry to practice or other training or assessments.

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

REGISTRATION APPROVAL DATES

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

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