



Application for endorsement of registration for scheduled medicines

Profession: Podiatry

Part 7 Division 8 of the Health Practitioner Regulation National Law (the National Law)

This form is to be used by registered podiatrists and podiatric surgeons to apply to have their registration endorsed for scheduled medicines.



Do not use this form if you are applying for endorsement using the Board's transitional arrangements. A form for applying under the transitional arrangements is published on the Board's website.

It is important that you refer to the *Registration standard: Endorsement for scheduled medicines*, guidelines and other documents relating to endorsement for scheduled medicines published on the Podiatry Board of Australia's (the Board's) website when completing this form. Registration standards, codes and guidelines can be found at www.podiatryboard.gov.au



If you are applying for endorsement under Pathway B, this application will not be considered unless you:

- have previously applied to commence supervised practice and submitted the required documents with that application and were advised in writing that the Board was satisfied you had met the prerequisites for supervised practice, and
- had three clinical studies assessed as satisfactory by the Board before you finished your period of supervised practice.



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.

1. Do you currently hold general and/or specialist registration with the Board?

YES

Registration number*

P O D



All applicants **must** have general and/or specialist registration with the Board in order to apply for endorsement of registration for scheduled medicines.

NO



You **must** attach your application for general or specialist registration.

Note: This is only applicable for applicants applying under Pathway A. Applicants applying under Pathway B must have been registered before they commenced their period of supervised practice for that pathway.



2. What is your name and birth details?

Title* MR MRS MISS MS DR OTHER

Family name*


First given name*

Middle name(s)*

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

Date of birth / /

Country of birth

 If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board. For more information, see *Change of name* in the *Information and definitions* section of this form.

SECTION B: Contact information

3. What are your contact details?


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

Business hours Mobile

After hours

Email

4. What is your residential address?

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

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

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)



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

YES

NO Provide your Australian principal place of practice below

- i** Principal place of practice for a registered health practitioner is:
- the address at which you will predominantly practise the profession; or
 - your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.
 The information items marked with an asterisk (*) will appear on the public register.

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

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

City/Suburb/Town*

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

6. What is your mailing address?

i 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 C: Endorsement pathway

 Information about the Board's requirements for endorsement for scheduled medicines can be found in the Board's *Registration standard: Endorsement for scheduled medicines* and the *Guidelines: Endorsement for scheduled medicines*, which are published on the *Endorsement for scheduled medicines* page on the Board's website at www.podiatryboard.gov.au

7. Which pathway are you applying under?

Choose appropriate option

- Pathway A: Approved qualification pathway – **Go to Section C1**
- Pathway B: Supervised practice pathway for registered practitioners – **Go to Section C2**

SECTION C1 (Pathway A): Approved qualification pathway

 To be eligible for endorsement for scheduled medicines under Pathway A you must hold general and/or specialist registration with the Board and hold:

- an approved qualification for endorsement for scheduled medicines, **or**
- another qualification that the Board considers to be substantially equivalent to, or based on similar competencies to, an approved qualification for endorsement for scheduled medicines.

Approved qualification for endorsement for scheduled medicines for the purpose of Pathway A is defined in the Board's *Registration standard: endorsement for scheduled medicines*.

The Board's website contains information about the approved qualifications for endorsement for scheduled medicines under Pathway A, and the process for assessing whether qualifications are substantially equivalent to, or based on similar competencies to, an approved qualification for endorsement for scheduled medicines under Pathway A.

8. What type of registration do you hold?

Mark all options applicable to your application

- General registration – **Go to the next question**
- Specialist registration – **Go to the next question**
- Application for registration attached – **Attachment required below, then go to question 10**



You **must** attach your application for general registration.

9. What are the details of your qualifications for this application under Pathway A?

Qualification for endorsement for scheduled medicines under Pathway A

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date

 /

Completion date

 /

10. Is your qualification an approved qualification for endorsement for scheduled medicines under Pathway A?

YES

NO **Go to the next question**

Attachment required – then go to question 12



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



11. Is your qualification one that has been assessed as substantially equivalent to (or based on similar competencies to) an approved qualification for endorsement for scheduled medicines under Pathway A?

YES



You **must** attach a certified copy of the result of your assessment.

NO



You **cannot proceed with this application**. The Board's website contains information about the process for having your qualification assessed to determine if it is substantially equivalent to, or based on similar competencies to, an approved qualification for endorsement for scheduled medicines under Pathway A.

12. Are you a recent graduate?



The Board's *Registration standard: Recency of practice* will apply to your application for endorsement for scheduled medicines under this pathway unless you are a recent graduate. For more information, see *Recent graduate* in the *Information and definitions* section of this form.

YES

Go to Section D

NO

Go to the next question

13. How long since you completed your qualification for endorsement for scheduled medicines under Pathway A?

Choose appropriate option – then go to Section D: Continuing professional development



Between one and three years



You **must** attach evidence of:

- at least one years' quota of CPD activities relevant to the endorsement, and
- any other relevant activities you have undertaken since your qualification for endorsement for scheduled medicines under Pathway A was awarded, including any additional education or training.



More than three years



You **must** attach:

- evidence of at least one years' quota of CPD activities relevant to the endorsement
- any other relevant activities you have undertaken since your qualification for endorsement for scheduled medicines under Pathway A was awarded, including any additional education or training, 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

SECTION C2 (Pathway B): Supervised practice pathway for registered practitioners

i As required by the Board's *Registration standard: Endorsement for scheduled medicines*, Pathway B includes the completion of a period of supervised practice.

Before you commence your period of supervised practice, you must apply to the Board to commence supervised practice and submit the following to the Board for approval:

- evidence that you hold an approved qualification in podiatric therapeutics or equivalent (that is not more than seven years old)
- evidence of having successfully completed 15 approved online case studies (completed not more than three years before), and
- a signed mentor agreement, and have been advised in writing that the Board is satisfied you have met the prerequisites for supervised practice.

During your period of supervised practice, you must submit three clinical studies to the Board for assessment. You must have three clinical studies assessed as satisfactory by the Board by the time you complete your period of supervised practice.

14. What date did you apply to commence supervised practice and submit:

Date you applied to commence supervised practice and submitted supporting documents

DD / MM / YYYY

- evidence of your approved qualification in podiatric therapeutics (or equivalent)
- evidence of successful completion of 15 approved online case studies, and
- a signed mentor agreement?



15. What date were you advised in writing that the Board was satisfied you have met the prerequisites for supervised practice?

Date advised that you met the prerequisites for supervised practice

DD / MM / YYYY

16. Have you had three clinical studies assessed by the Board as satisfactory?

YES Go to the next question NO



You cannot proceed with this application.

17. What type of registration do you hold?

Mark all options applicable to your application

- General registration Specialist registration



Attachments required

You must attach your portfolio of evidence, which must include as a minimum:

- evidence signed by you and your mentor, including clinical studies
a reflective journal that includes a log of activities
a signed certification of completion of supervised practice, and
an evidence matrix.

SECTION D: Continuing professional development

18. Do you commit to adhere to the continuing professional development requirements for podiatrists and podiatric surgeons with endorsement for scheduled medicines as required by the Board's Continuing professional development registration standard?

YES NO

Please provide details below

Text input area with horizontal dashed lines for providing details.



SECTION E: Obligations and consent



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

I consent to the Board and AHPRA making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I authorise the Board to obtain my criminal history in Australia and overseas.

I understand that:

- 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 the Board, and
- information will be extracted from this form and used for the purpose of criminal history checking. This information may be used by Australian police services for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity, and
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted.

I undertake to comply with all relevant legislation and 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.

I confirm that I have read the privacy and confidentiality statement for this form.

I declare that:

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

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration or endorsement.

Signature of applicant



SIGN HERE

Name of applicant

Date

 / /



SECTION F: Payment

You are required to pay an application fee.

Your required payment is detailed below:

<div style="background-color: #0070C0; color: white; padding: 5px; font-weight: bold;">Application fee:</div> <div style="font-size: 24px; font-weight: bold; margin-top: 10px;">\$189</div>	=	<div style="background-color: #C00000; color: white; padding: 5px; font-weight: bold;">Amount payable:</div> <div style="font-size: 24px; font-weight: bold; margin-top: 10px;">\$189</div> <div style="font-size: 12px; margin-top: 5px;">Applicants must pay 100% of the stated fees at the time of submitting the application.</div>
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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 endorsed until 30 November **next year**.

Refund rules
 The application fee is non-refundable.

19. How are you paying your fees?

Payment by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank.
 A receipt will be provided.

Mark one box below only

<input type="checkbox"/> Visa or MasterCard Complete credit/debit card payment slip below	<input type="checkbox"/> Cash/EFTPOS (only available if paying in person)
<input type="checkbox"/> Cheque/Money order/Bank draft	

You **must** attach your cheque, money order or bank draft **payable to the Australian Health Practitioner Regulation Agency**.

On the back of the cheque, money order or bank draft, you **must** write:

- your full name
- your date of birth, and
- your AHPRA registration number (if you have one).

Credit/Debit card payment slip – please fill out

<p>Amount payable</p> <div style="border: 1px solid #ADD8E6; padding: 5px; font-size: 24px; margin-bottom: 10px;">\$</div> <p>Visa or MasterCard number</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> </div> <p>Expiry date</p> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #ADD8E6; padding: 2px 5px;">M</div> <div style="border: 1px solid #ADD8E6; padding: 2px 5px;">M</div> <div style="border: 1px solid #ADD8E6; padding: 2px 5px;">/</div> <div style="border: 1px solid #ADD8E6; padding: 2px 5px;">Y</div> <div style="border: 1px solid #ADD8E6; padding: 2px 5px;">Y</div> </div>	<p>Name on card</p> <div style="border: 1px solid #ADD8E6; height: 20px; margin-bottom: 10px;"></div> <p>Cardholder's signature</p> <div style="border: 1px solid #ADD8E6; padding: 10px; display: flex; align-items: center;"> SIGN HERE </div>
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SECTION G: Checklist

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

<i>Additional documentation</i>		Attached
Question 1	Your application for general and/or specialist registration	<input type="checkbox"/>
Question 2	Evidence of a change of name	<input type="checkbox"/>
Question 8	Your application for general registration	<input type="checkbox"/>
Question 10	A certified copy of your approved qualification for Pathway A	<input type="checkbox"/>
Question 11	A certified copy of the result of your assessment	<input type="checkbox"/>
Question 13	Evidence of at least one year's quota of CPD activities relevant to the endorsement	<input type="checkbox"/>
Question 13	Evidence of any other relevant activities undertaken since you were awarded your qualification for scheduled medicines	<input type="checkbox"/>
Question 13	A plan for professional development and re-entry to practice	<input type="checkbox"/>
Section C2	Evidence signed by you and your mentor, including clinical studies	<input type="checkbox"/>
Section C2	A reflective journal that includes a log of activities	<input type="checkbox"/>
Section C2	A signed certification of completion of supervised practice	<input type="checkbox"/>
Section C2	An evidence matrix	<input type="checkbox"/>
<i>Payment</i>		
	Application fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	<input type="checkbox"/>

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.

RECENT GRADUATE

Recent graduate is defined in the registration standard as:

A person applying for endorsement for scheduled medicines under Pathway A on the basis of an approved qualification for endorsement for scheduled medicines (as defined in this registration standard and the ESM guidelines) that was awarded not more than 12 months prior to the date of their application.

This means that if you do not apply for endorsement for scheduled medicines under Pathway A within 12 months of successfully completing the approved qualification for endorsement for scheduled medicines, you will have to meet the requirements of the Board's *Registration standard: Recency of practice* with respect to recent practice related to the endorsement for scheduled medicines.

Please post this form with payment and required attachments to:

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

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

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