



Application for endorsement of registration for scheduled medicines

Type: **Transitional arrangements**

Profession: **Podiatry**

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



No applications using this form will be accepted after 1 August 2019. The form will be withdrawn on that date.

This form is to be used by registered podiatrists and podiatric surgeons who are applying to have their registration endorsed for scheduled medicines under the Podiatry Board of Australia's (the Board) transitional arrangements.



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

It is important that you refer to the Board's transitional arrangements, endorsement for scheduled medicines registration standard, guidelines and other information that is relevant to the pathway for endorsement you are applying under when completing this form. Registration standards, codes and guidelines can be found at www.podiatryboard.gov.au



If you are applying for endorsement under the Board's transitional arrangements, this application will not be considered unless you have:

- previously advised the Board of the transitional arrangement you intend to use and submitted the following documents by 1 September 2018 as required under the Board's transitional arrangements:
 - evidence of your approved qualification in podiatric therapeutics (or equivalent)
 - evidence of successful completion of 15 approved web-based case studies, and
 - a signed supervisory agreement, and
- (if the transitional arrangement you are using required you to do so) submitted 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. What is your registration number?



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

Registration number*

P O D



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: Transitional arrangement

 The Board developed transitional arrangements for the new *Registration standard: Endorsement for scheduled medicines* that came into effect on 1 August 2018.

Registered podiatrists and podiatric surgeons who at 1 August 2018, had commenced a period of supervised practice under the previous *Endorsement for scheduled medicines registration standard* (that was in effect from 1 July 2010 to 31 July 2018) and wished to use the transitional arrangements were required to advise the Board of the transitional arrangement they intended to use and submit the following documents before 1 September 2018:

- evidence of your approved qualification in podiatric therapeutics (or equivalent) not more than seven years old
- evidence of successful completion of web-based case studies (completed not more than three years ago), and
- a signed supervisory agreement (dated and signed before 1 August 2018).

Practitioners who are using the transitional arrangements to apply for endorsement under Pathway B of the new registration standard and submit their application after 1 December 2018 are required to submit three clinical studies for initial assessment in accordance with the requirements of the new ESM registration standard and guidelines and have three clinical studies assessed by the Board as satisfactory before finishing their period of supervised practice.

7. What date did you advise the Board of the transitional arrangement you intended to use and submit:

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



If you haven't completed this step you cannot apply under the Board's transitional arrangements.

You will need to meet the requirements for Pathway B of the *Registration standard: Endorsement for scheduled medicines* that commenced on 1 August 2018 and apply under that registration standard.

Date you advised of the transitional arrangement you intended to use and submitted supporting documents

DD / MM / YYYY

8. Which transitional arrangement are you applying under?

Choose appropriate option

- Pathway 2 of the *Endorsement for scheduled medicines registration standard* that was in effect from 1 July 2010 to 31 July 2018 – **Go to Section C1**
- Pathway B of the *Registration standard: Endorsement for scheduled medicines* that commenced on 1 August 2018 – **Go to Section C2**

SECTION C1: Applying under Pathway 2 of previous registration standard

Attachments required below – then go to Section D



You **must** attach certified copies of:

- 40 signed log sheets that meet the requirements of the previous registration standard and guidelines that were in effect until 31 July 2018, and
- a signed certificate of completion of supervised practice.



SECTION C2: Applying under Pathway B of current registration standard

i As specified in the Board’s transitional arrangements and acknowledged by you when you advised the Board you would be applying under Pathway B of the registration standard that commenced on 1 August 2018, if you are applying for endorsement:

- **before 1 December 2018**, you do not have to submit any clinical studies for initial assessment
- **after 1 December 2018**, you must submit three clinical studies for initial assessment in accordance with the current registration standard and guidelines and have three clinical studies assessed by the Board as satisfactory by the time you complete your period of supervised practice.

9. Are you applying for endorsement before 1 December 2018? YES Go to question 11 NO Go to the next question

10. 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.

11. What type of registration do you hold?

Mark all options applicable to your application

General registration Specialist registration

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

12. 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



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 to nationally coordinated criminal history check

I authorise AHPRA and the Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application.

I acknowledge 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 AHPRA and the Board,
- my personal information will be extracted from this form and 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 to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, AHPRA may check my criminal history at any time during my period of registration as required by the Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting AHPRA in the first instance.

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 acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application 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 and registration (if granted) will be sent electronically to me via my nominated email address, and
- AHPRA uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable AHPRA to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

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 this application and in the documents provided.

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:

Application fee:	=	Amount payable:
\$189		\$189
		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 endorsed until 30 November **next year**.

Refund rules

The application fee is non-refundable.

13. 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



Visa or MasterCard

Complete credit/debit card payment slip below



Cash/EFTPOS

(only available if paying in person)



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

Amount payable

Visa or MasterCard number

Expiry date

Name on card

Cardholder's signature

SIGN HERE



SECTION G: Checklist

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

<i>Additional documentation</i>		Attached
Question 2	Evidence of a change of name	<input type="checkbox"/>
Section C1	Certified copies of your 40 signed log sheets that meet the requirements of the registration standard and guidelines	<input type="checkbox"/>
Section C1	A certified copy of your signed certificate of supervised 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.

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