



Application for specialist registration For applicants currently holding general registration Profession: Podiatry

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


This form is to be used by applicants who:

- currently hold general registration under section 52 of the National Law
- hold Board approved qualifications for the podiatric specialty of podiatric surgery, and
- are applying for specialist registration as a podiatric surgeon in Australia.

The Podiatry Board of Australia's (the Board) website contains information on approved qualifications. **If you do not hold qualifications approved by the Board, you should not proceed with this application. To apply for specialist registration, please complete the form *Application for specialist registration for overseas qualified applicants – ASOS-70*.** 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 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 are 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.



2. What is your AHPRA registration number?

Registration number*

P O D

SECTION B: Contact information

- i** Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au and
- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
 - log in to your AHPRA account to change your details online.

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?

i 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?

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.

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***



6. What is your mailing address?

- My residential address
- My principal place of practice
- Other (*Provide your mailing address below*)

i Your mailing address is used for postal correspondence.

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: Specialist qualification for the profession

i 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

7. What are the details of your specialist qualifications?

i 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

MM / YYYY _____

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.



8. Are your qualifications on the list of *Approved programs of study* on the Board's website?

YES

NO



If your specialist qualifications are not on the Board's list of *Approved programs of study*, you should not use his form. To apply for specialist registration, please complete the form *Application for specialist registration for overseas qualified applicants – ASOS-70*.

SECTION D: Recent practice in the specialty

9. 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.

N/A

I am a recent graduate and my qualification for registration was awarded in the last 12 months.
Go to Section E: General podiatry practice

YES

Mark all options applicable to your application – then go to Section E: General podiatry practice

- 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

10. 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 Section E: General podiatry practice



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.

11. 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



SECTION E: General podiatry practice

i 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.

12. 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 F: Suitability statements



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

13. Do you have at least two years general podiatry practice experience outside of Australia? YES NO



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 F: Suitability statements

i 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.

14. Have you completed training in advanced life support conducted by an approved training organisation? **i** 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

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

16. Will you be performing exposure-prone procedures in your practice? **i** **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://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm> You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in *Appendix 2* of the national guidelines online at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/36D4D796D31081EBCA257BF0001DE6B7/\\$File/nat-guidelines-work-bbv-Oct2019.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/36D4D796D31081EBCA257BF0001DE6B7/$File/nat-guidelines-work-bbv-Oct2019.pdf).

YES **Go to the next question** NO **Go to Section G: Obligations and consent**

17. 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*? **i** 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



SECTION G: 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.

Signature of applicant



SIGN HERE

Name of applicant

Date

 / /



SECTION G: Payment



You are required to pay an application fee.

Your required payment is detailed below:

Application fee:	=	Amount payable:
\$48		\$48
		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.

16. 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 cheque or money order payable to the **Australian Health Practitioner Regulation Agency**.



- On the back of the cheque, money order or bank draft, you **must** write your:
- name, and
 - registration number.

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 H: 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 7	Certified copies of your specialist qualifications	<input type="checkbox"/>
Question 7	A separate sheet with additional specialist qualifications details	<input type="checkbox"/>
Question 10	Evidence of one years' quota of CPD activities relevant to your intended scope of practice	<input type="checkbox"/>
Question 10	Evidence of your practice history that includes when you last practised as a registered podiatric surgeon	<input type="checkbox"/>
Question 10	Evidence of your intended scope of practice	<input type="checkbox"/>
Question 10	Evidence of any relevant activities carried out since you last practised as a registered podiatric surgeon	<input type="checkbox"/>
Question 11	Evidence of one years' quota of CPD activities relevant to your intended scope of practice	<input type="checkbox"/>
Question 11	Evidence of your practice history that includes when you last practised as a registered podiatrist	<input type="checkbox"/>
Question 11	A plan for professional development and re-entry to practice	<input type="checkbox"/>
Question 12	A separate sheet with details of your work history in general podiatry practice for at least two years in Australia	<input type="checkbox"/>
Question 13	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 13	A separate sheet with explanatory information about the experience you have relevant to this application	<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"/>

Please post this form with payment and required attachments to:

AHPRA
GPO Box 9958
Melbourne VIC 3001

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



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 Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* available online at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/36D4D796D31081EBCA257BF0001DE6B7/\\$File/nat-guidelines-work-bbv-Oct2019.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/36D4D796D31081EBCA257BF0001DE6B7/$File/nat-guidelines-work-bbv-Oct2019.pdf)

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

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

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

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, AHPRA's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify

CHANGE OF NAME

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

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

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

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

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

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

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

PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your 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 clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the 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