



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 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.

What are your name and birth details?

Title* Family	MR Name*	MRS 🔀	MISS 🔣	MS 🔣	DR 🔀	OTHER	SPECIFY	
First gi	ven name*							
Middle	name(s)*							
Previou	ıs names k	nown by (e.g	. maiden nar	ne)				
Date of	birth D	D / M	M / Y	YYY				
Country	y of birth							
	another provide	name, you	must attac ard. For mor	h proof of y e information	our name c	hange unles	re providing does this has been the in the Information	n previously

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

	_	Ī
YES	>	(

Go to Section B: Proof of identity

Details required below - then go to Section C: Contact information Registration number*

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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.

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.

3. Are you applying for registration from outside of Australia AND unable to provide evidence from each category? If you are applying for

registration from outside of

Australia and are unable to

provide evidence from each

category, you will be required

to meet the minimum identity requirements. Refer to www. ahpra.gov.au/identity for further information.



N0



Go to the next question

Attachment required below - then go to Section C: Contact information



You **must** attach a certified copy of a foreign passport (an EU card is not acceptable). Your certified copy must include:

a certified copy of the identity information page (the photo page), and

Choose proof of identity documents to submit: (A document may only be used once for any category)

an official English translation of your passport (if your passport is in a language other than English). Please refer to Translating documents at www.ahpra.gov.au/translate for further information.

Which documents from each category will you provide for proof of identity?



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

The documents provided must meet the following criteria:

- At least one document must be in the applicant's 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.
- 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.

Documents	Category used:	Documents	Catego	ry used:
Australian birth or adoption certificate	NA X	Australian financial institution account	NA N	
Australian visa (Foreign passport must	NA NA	Australian Medicare card	NA N	A
be selected as evidence for Category B)	NA X	Australian PAYG payment summary	NA N	A X
ImmiCard	NA X	Australian motor vehicle registration	NA N	A
Australian citizenship certificate	NA ⊠	Australian Taxation Assessment Notice	NA N	A
Australian passport	\times \times	Australian insurance policy	NA N	A
Australian motor vehicle licence	NA 🔀	Australian pension/healthcare card	NA N	A
Foreign passport	NA 🔀	Category D documents		
Australian Working with Children/ Vulnerable People Card	NA 🔀 🔀	A document from Category D is only req Category B or C document does not prov		
Australian firearms or shooter's licence	NA 🔀	of your residential address.		
Australian student ID card	NA 🔀	I have used a Category B or C document	that ha	S
Intl. or foreign motor vehicle licence	NA 🔀 🔀	my current residential address		
Australian proof of age card	NA 🔀	Australian rate notice		X
Australian government benefits	NA NA 🔀	Current Australian lease or tenancy agre	ement	\times
Australian academic transcript	NA NA 🔀	Australian utility account		X
Australian registration certificate	NA NA 🔀	Australian electoral enrolment card		X

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

SECTION C: Contact information



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.

	5.	What	are	vour	contact	details
--	----	------	-----	------	---------	---------

Provide your current contact Business hours	details below – place an	next to your preferred contact phone number. Mobile
	\square	
After hours		
	\boxtimes	
Email		

6. 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.

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7. 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.

ES 🔀	NO 📉	Provide your Australian principal place of practice below
Site/building and/or po	sition/department (if a	applicable)
Address (e.g. 123 JAME	S AVENUE; or UNIT 1A, 3	30 JAMES STREET)
City/Suburb/Town*		
State/Territory* (e.g. VI	C, ACT)	Postcode*

70	00-70	
8.	What is your mailing address?	My residential address
	Your mailing address is used for postal correspondence.	My principal place of practice

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dress	/P0 B	ox (e.	g. 12	3 JA	MES	AVE	NUE	; or	UNIT	Г1А,	30	JAN	IES S	TRE	ET; c	or PC	B0	X 12	34)		
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	territ	orv (e.	.g. VI(S, AC	T)/In	iterr	natio	onal	pro	vinc	е		Pos	tcod	e/ZI	P					

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**

9. 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**.

10. 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 bo	ody)
Country	
Completion date	Length of program
MM/YYYY	
	rour original academic transcript and testamur/s completion of the qualification mentioned in this form.

Additional specialist qualification	
Title of qualification	
Name of institution (University/College/Examining bo	dy)
Country	
Completion date	Length of program
MM / Y Y Y Y	
	our original academic transcript and testamur/ 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

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

YES **Go to the next question**

NO Go to question 14

- 12. Since you were granted registration in Australia, have you practised as a health practitioner outside of Australia?
- YES **Go to question 14**

NO Go to the next question

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

ES **Go to the next question**

NO **Go to Section F: Work history**

14. 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			7
Period of registration D D / M M / Y Y Y Y	to	DD/MM/YYYY	



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	DD / MM / YYYY	



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

SECTION F: Work history

15. 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: 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.

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





Go to the next question

Attachment required below - then go to Section H: Suitability statements



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

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







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

10





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

SECTION H: 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.

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

Go to the next question N0 Go to question 21

19. 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.



NO X



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.

20. 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?



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 Go to question 24



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.

Provide details below, then go to question 24 **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.

21. Do you have any criminal history in Australia?

	Δ	
4	4	

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.





NO



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

22. 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 C

Go to the next question



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
11 11	You must attach a separate sheet if the list of overseas countries reference number does not fit in the space provided.	and corresponding check
1111	You must attach the international criminal history check (ICHC) re the approved vendor.	ference page provided by
1111	You must attach a signed and dated written statement with detail each of the countries listed and an explanation of the circumstance	•

23. 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

0

Go to the next question



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.

24. 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), mus*t demonstrate they meet the English language skills registration standard*.



I declare I have used English as my primary language within the past five years. *Go to question 29*

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/EnglishLanguageSkills**. *Recognised country* means one of the following countries:

- Australia
- Canada

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.

- New Zealand
- · Republic of Ireland

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.

- South Africa
- United Kingdom

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.

• United States of America.

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.

25. 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

Extended education pathway

Primary language pathway

Provide details of secondary and tertiary education in the table below, then go to question 29

Provide details of secondary, vocational and tertiary education in the table below, then go to question 29

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 29

English language test pathway Go to question 26

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

Timeframe	Level of education	Program name If applicable	Education institution Recognised country Specify name and address If applicable			Study status
Study commenced: Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced: Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time
Study commenced: Study completed:	Primary Secondary Vocational Tertiary			Australia New Zealand South Africa United States	Canada Republic of Ireland United Kingdom	Full time Part time



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.

26 .	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 <i>English language skills registration standard</i> .
One sitting Provide date of test below, then go to the next question and complete details for one sitting
Two sittings Provide dates below, then go to the next question and complete details for both sittings

27. Which of these English language tests have you successfully completed?

P	rovide reference number(s) for th	e test(s) you	are relying on an	d attach a co	py of your test results.				
X	International English Language Test report form number – sitting of		(IELTS) Academic	module	Test report form number – sitting two	(if annlicable	٥).		
	rest report form number — sitting t	<i>7</i> 110.		Α	rest report form number—sitting two	(II applicable	٥).		Α
	The Board requires the IFLTS (acad	demic module) with a minimum o		f 7 and a minimum score of 7 in each	of the four co	omnoi	nents (I	
	reading, writing and speaking).	ionno modulo	y with a minimum c	overall score o	r and a minimum score of r in caon	or the rour of	Jilipoi	101100 (11	iotoriirig,
	Occupational English Test (OET)								
	Candidate number – sitting one:				Candidate number - sitting two (if ap	plicable):			
	The Board requires the OET with a	minimum sco	ore of B or 350 in e	ach of the fou	components (listening, reading, writing)	ng and speak	(ing).		
\times	Pearson Test of English Academ	ic (PTE Acad	emic)						
	Registration ID – sitting one:				Registration ID – sitting two (if applicable):				
		mic with a mi	nimum overall scor	e of 65 and a	d a minimum score of 65 in each of the four communicative skills (listening,				
	reading, writing and speaking).								
	Test of English as a Foreign Lang		et-based test (TOE	EFL iBT)	Pagistration number sitting two (if a	annliaghla).			
	Registration number – sitting one:				Registration number – sitting two (if a	ipplicable).			
	The Deard requires the TOFFL iDT	with a maining	um total again of O	1 and the mini	mount occurs of 0.4 for listoning 0.4 for	rooding 07	fo	iting	ad 00 for
	speaking.	with a minimi	um total score of 94	4 and the mini	mum scores of 24 for listening, 24 for	reading, 27	for Wri	ting, ar	nd 23 for
		cost(a) word	nomploted within	the post two	voore vou must provide e copy o	f vour toot r	rooult	o inclu	ıdina
6	the reference number(s),				years, you must provide a copy o	i your test r	esuit	s, inclu	ading
					two years, you must provide a cer	rtified copy	of vo	ur rest	ılts.
	yourgo ian.gaago t	001(0) 11010	p.otou	ann are past		ou oopj	o. you		
28 W	lere your results from the	YES X		NO	\ \ \ \				
	bove-mentioned English	ILO 🔼		INC	· 📦				
	inguage tests obtained	In orde	er for your results to	be accepted	within 12 months of completing your	test(s) you m	ոսst h	ave coi	mmenced:
ir	the past two years?				red health practitioner in a recognised	country whe	re Enç	ylish wa	as the
			nary language of pr tinuous enrolment i						
					n program or study. 12 months of completing the employm	ant and/or n	roaro	m of oti	ıdv
		TOU III	ust louge tills appli	ICALIOII WILIIII	12 months of completing the employing	ient anu/or p	Tugrai	11 01 511	uuy.
			/ou must attach a	a certified co	py of your English language test re	sults, and :			
			your CV and a	letter from e	mployer(s) or a professional refere	e in the req	uired	form	
					loyment as a registered health pra				
			• • •	, ,	n continuous employment over tw	o years in d	uratio	n, only	y two
			years is require	,,					
		•			lencing that you were enrolled con				
					menced within 12 months of sitting				
			that you compi	leted your Sti	udy no longer than 12 months befo	re loaging y	your a	ipplica	llion.
20 D	o you commit to having	The P	oard roquiros all an	nlicante to ha	ve appropriate professional indemnity	arrangomon	te in n	laca wi	hon
	ppropriate professional				rofessional indemnity insurance in the				
	ndemnity insurance		n of this form.	,	, , , , , , , , , , , , , , , , , , , ,				
	rrangements in place for	VEC.		NC					
	II practice undertaken during	YES		NO					
ti	ne registration period?								
30. D	o you meet the Board's	To me	et the Board's <i>Real</i>	istration stano	ard: Recency of practice, you are requ	ired to have i	oractis	sed at l	east
	ecency of practice				ars, or 150 hours within the previous				
	equirements?				on't meet the standard, you will be req	uired to prov	ide inf	ormation	on to
		•	he Board make a d		•				
		For m	ore information, se	e <i>Recency of</i> p	practice in the Information and definition	ons section o	f this	form.	
		YES 🔀	Mark all entions	annlinahla +	o your application – <i>then go to que</i> s	etion 22			
					n of 150 hours in my intended scope		the l	et voc	r
			i nave practi	isea a minimu	m of 450 hours in my intended scope	or practice in	tne la	ist thre	e years.
		NO	Go to the next que	estion					

Effective from: 20 September 2023

31. 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 N0



Attachment required below - then go to question 33



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.

32. 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
- 33. 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

34. 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-onmanaging-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.



Go to the next question

NO



Go to question 36

ASOS-70 35. Do you commit to comply 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. with the Australian National Guidelines for the YES X N0 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? For more information, see *Impairment* in the *Information and definitions* section of this form. 36. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, YES NO your capacity to practise the profession? You **must** attach to this application details of any impairments and how they are managed. 37. Is your registration in YES NO any profession currently suspended or cancelled in **Australia (under the National** You **must** attach to this application details of any registration suspension or cancellation. Law or a corresponding prior Act) or overseas? 38. Have you previously had your YES NO registration cancelled, refused or suspended in Australia (under the National Law or a You **must** attach to this application details of any cancellation, refusal or suspension. corresponding prior Act) or overseas? 39. Has your registration ever YES N0 been subject to conditions, undertakings or limitations in **Australia (under the National** You **must** attach to this application details of any conditions, undertakings or limitations. Law or a corresponding prior Act) or overseas? Co-regulatory jurisdiction means a participating jurisdiction (of the National Law) in which the Act applying (the 40. Are you disqualified from National Law) declares that the jurisdiction is not participating in the health, performance and conduct process applying for registration, provided by Divisions 3 to 12 of Part 8 (of the National Law). or being registered, in any profession in Australia YES NO (under the National Law, a corresponding prior Act or a law of a co-regulatory You **must** attach to this application details of any disqualifications. jurisdiction), or overseas?

41. 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 I: 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

 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

- 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.
- 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.
- 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

- 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
 - 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
 - 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
 - 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
 - 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*
 - (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

- 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;
 - 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

- 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.
- 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 by 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 Adverting 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.

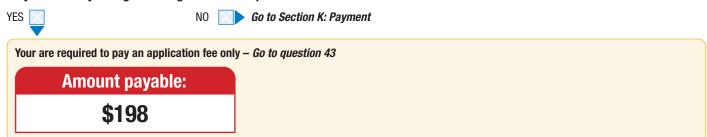
I **undertake** to comply with the all relevant legislation and National Board registration standards, codes and quidelines.

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 DD / MM / YYYYY

SECTION J: Current registration period

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



SECTION K: Payment

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





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.

43. 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 M M / Y Y	Name on card Cardholder's signature SIGN HERE	

SECTION L: Checklist

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

Additional dod	cumentation	Attached
Question 1	Evidence of a change of name	\times
Question 3	A certified copy of a foreign passport	\times
Question 4	Certified copies of all documents that provide sufficient evidence of your identity	\times
Question 10	Certified copies of your specialist qualifications	\times
Question 10	A separate sheet with additional specialist qualifications details	X
Question 14	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	X
Question 14	A separate sheet with additional registration details	X
Question 15	Your curriculum vitae	X
Question 16	A separate sheet with details of your work history in general podiatry practice for at least two years in Australia	X
Question 17	A separate sheet with details of your work history in general podiatry practice for at least two years outside of Australia	X
Question 17	A separate sheet with explanatory information about the experience you have relevant to this application	X
Questions 19 & 21	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	×
Questions 20 & 22	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	\times
Questions 20 & 22	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	\times
Questions 20, 22 & 23	ICHC reference page provided by the approved vendor	\times
Question 23	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	\times
Question 25	A separate sheet with any additional qualification details	\times
Question 25	Transcript(s)/letter(s) from the education provider confirming that your course was taught and assessed solely in English	\times
Question 27	Copy of your English language test results	\times
Question 28	Certified copy of your English language test results	\times
Question 28	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	X
Question 31	Evidence of one years' quota of CPD activities relevant to your intended scope of practice	\times
Question 31	Evidence of your practice history that includes when you last practised as a registered podiatric surgeon	\times
Question 31	Evidence of your intended scope of practice	\times
Question 31	Evidence of any relevant activities carried out since you last practised as a registered podiatric surgeon	\times
Question 32	Evidence of one years' quota of CPD activities relevant to your intended scope of practice	X
Question 32	Evidence of your practice history that includes when you last practised as a registered podiatrist	X
Question 32	A plan for professional development and re-entry to practice	X
Question 36	A separate sheet with your impairment details	\times
Question 37	A separate sheet with your suspension or cancellation details	\times
Question 38	A separate sheet with your cancellation, refusal or suspension details	\times
Question 39	A separate sheet with your conditions, undertakings or limitations details	\times
Question 40	A separate sheet with your disqualification details	X
Question 41	A separate sheet with your conduct, performance or health proceedings	X
Payment		
	Application fee	X
	Registration fee	×

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 nonoccupational 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 exposureprone 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 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

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 detrimentally affects or is likely to detrimentally 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 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

RECENCY 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