




## Application for general registration For current non-practising registrants

### Profession: **Aboriginal and Torres Strait Islander health practice**

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

This form is for non-practising registrants to apply for general registration as an Aboriginal and Torres Strait Islander health practitioner. It is important that you refer to the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) registration standards, codes and guidelines before completing this application. These documents can be found at [www.atsihealthpracticeboard.gov.au](http://www.atsihealthpracticeboard.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](http://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](http://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.
-  **Mail document(s) directly to AHPRA**  
Requires delivery of documents by an organisation or the applicant.


### 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.

## PART A – To be completed by the applicant

### SECTION A: Personal details

 The information items in this section of the application marked with an asterisk (\*) will appear on the public register.

#### 1. What is your name and birth details?

 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.

**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**

#### 2. What is your registration number?

**Registration number\***



## SECTION B: Contact information



Once registered, you can change your contact information at any time. Please go to [www.ahpra.gov.au](http://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?



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/Community\***

**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?



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?**



Your mailing address is used for postal correspondence.

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Address/PO Box** (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**City/Suburb/Town/Community**

\_\_\_\_\_

**State or territory** (e.g. VIC, ACT)/**International province**      **Postcode/ZIP**

\_\_\_\_\_      \_\_\_\_\_

**Country (if other than Australia)**

\_\_\_\_\_

**SECTION C: Registration history**

**7. Do you have current registration or have you previously held registration in any other health profession in any state, territory or under the National Registration and Accreditation Scheme (the National Scheme) or other country within the past five years?**



For a list of the professions regulated under the National Scheme, please refer to [www.ahpra.gov.au](http://www.ahpra.gov.au)

- YES       NO

Where you hold current or previous registration within or outside of Australia, including any health professions not yet part of the National Scheme, 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 **page 9** of this form for your AHPRA state office address.

**Most recent registration**

State/Territory/Country

\_\_\_\_\_

Profession

\_\_\_\_\_

Period of registration

DD /  MM /  YYYY      to       DD /  MM /  YYYY

**Additional registration**

State/Territory/Country

\_\_\_\_\_

Profession

\_\_\_\_\_


Period of registration

DD /  MM /  YYYY      to       DD /  MM /  YYYY

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



## SECTION D: 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.atsihealthpracticeboard.gov.au/registration-standards](http://www.atsihealthpracticeboard.gov.au/registration-standards) for further information.

**8. 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 on page two of this form.

YES

NO



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

**9. Since your last declaration to AHPRA, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to AHPRA?**

NO

*Go to the next question*

YES

**You are required to:**

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



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

**If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page.** For a list of approved vendors and further information about international criminal history checks, refer to [www.ahpra.gov.au/internationalcriminalhistory](http://www.ahpra.gov.au/internationalcriminalhistory).

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.

**10. Will you have appropriate professional indemnity insurance arrangements in place while you are practising?**



The Board requires all applicants to have appropriate professional indemnity insurance arrangements in place when practising. Applicants unable to meet this requirement are ineligible for registration. For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

YES

NO

**11. Have you graduated from a course relevant to the profession more than two years ago but not yet commenced practice?**

YES

NO



Following assessment of your application, the Board may require you to demonstrate your competence to practice.

**12. Are you returning from an absence from practice?**

YES

NO



The Board may grant general registration with conditions to an applicant who is otherwise eligible for registration but who has not practised for at least three months full-time equivalent within the past three years. For more information, see *Recency of practice* in the *Information and definitions* section of this form.

**I have not practised the profession for at least:**

- three months full-time equivalent within the past three years.
- six months full-time equivalent within the past 3–5 years.
- 12 months full-time equivalent within the past 5–10 years.



You **must** attach a **signed and dated** résumé that describes your full practice history. It is important that you refer to *Résumé* in the *Information and definitions* section of this form for **mandatory requirements** of the CV.



13. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?



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

YES

NO



You **must** attach to this application details of any impairments and how they are managed.

14. Is your registration in any profession currently suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?

YES

NO



You **must** attach to this application details of any registration suspension or cancellation.

15. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?

YES

NO



You **must** attach to this application details of any cancellation, refusal or suspension.

16. Has your registration ever been subject to conditions, undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?

YES

NO



You **must** attach to this application details of any conditions, undertakings or limitations.

17. Are you disqualified from applying for registration, or being registered, in any profession in Australia (under the National Law, a corresponding prior Act or a law of a co-regulatory jurisdiction), or overseas?



**Co-regulatory jurisdiction** means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).

YES

NO



You **must** attach to this application details of any disqualifications.

18. 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.



**PART B – To be completed by the agent (if required)**

**SECTION E: Agent to act on behalf of applicant**

19. Do you wish to appoint an agent to communicate/act on your behalf in relation to this application?

- YES  Complete Applicant authorisation and arrange for agent to complete Agent authorisation
- NO  Go to Section G: Payment

**Applicant authorisation**

**I authorise my agent to (mark one or more as required):**

- communicate with the Board on my behalf regarding the processing and progress of my application. (The agent and the Board may communicate by telephone, fax, written correspondence)
- undertake any other action reasonably necessary for the processing of my application on my behalf (except signing and lodging applications forms, which must be completed by the applicant)
- receive all formal correspondence from the Board in relation to this application.

Date:  /  /

Signature of applicant:

**Agent authorisation**

**AGENT TO COMPLETE: I consent to act as Agent of the registrant named below.**

Full name of agent:

Full name of applicant:

**Agent contact details**

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:

Business hours (phone):    Mobile:

Email:

Date:  /  /

Signature of agent:





## PART C – To be completed by the applicant

### SECTION F: Obligations and consent



**Before you sign and date this form**, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

#### Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

##### Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

##### Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

##### Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
  - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
  - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
  - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
  - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
  - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
  - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
  - g) a complaint is made about the practitioner to the following entities—
    - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
    - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
    - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
    - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
    - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
  - h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

##### Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—

- a) a change in the practitioner's principal place of practice;
- b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
- c) a change in the practitioner's name.

##### Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
  - a) information about whether the practitioner is employed by another entity;
  - b) if the practitioner is employed by another entity—
    - (i) the name of the practitioner's employer; and
    - (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

#### Consent

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

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

I understand that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to the Board, and
- information will be extracted from this form and used for the purpose of criminal history checking. This information may be used by Australian police services for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge that:

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

I undertake to comply with all relevant legislation and Board registration standards, codes and guidelines.

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

I declare that:

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

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

I am aware that personal information that I provide may be given to a third party for regulatory purposes, consistent with the National Law.

Signature of applicant



SIGN HERE

Name of applicant

Date

 /  /



# SECTION G: Payment



You are required to pay a registration fee.

**Registration fee:**  
**\$100**

=

**Amount payable:**  
**\$100**  
Applicants **must** pay 100% of the stated fees at the time of submitting the application.



### Registration Period

The annual registration period for the Aboriginal and Torres Strait Islander health practice 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 registration fee will be refunded if the application is not approved.

## 20. How are you paying your fee?



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
- your date of birth, and
- your 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
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 7</b>	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
<b>Question 7</b>	A separate sheet with additional registration history details	<input type="checkbox"/>
<b>Question 8</b>	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
<b>Question 9</b>	A separate sheet of overseas countries and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 9</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question 9</b>	A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances	<input type="checkbox"/>
<b>Question 12</b>	Your résumé	<input type="checkbox"/>
<b>Question 13</b>	A separate sheet with your impairment details	<input type="checkbox"/>
<b>Question 14</b>	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
<b>Question 15</b>	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
<b>Question 16</b>	A separate sheet with your previous conditions, undertakings or limitation details	<input type="checkbox"/>
<b>Question 17</b>	A separate sheet with your disqualifications details	<input type="checkbox"/>
<b>Question 18</b>	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
<b>Payment</b>		
	Registration 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**  
**IN YOUR CAPITAL CITY** (*refer below*)

You may contact AHPRA on  
 1300 419 495 or you can lodge an enquiry  
 at [www.ahpra.gov.au](http://www.ahpra.gov.au)

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



## Information and definitions

### CERTIFYING DOCUMENTS

**DO NOT send original documents unless specified.**

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

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at [www.ahpra.gov.au/registration/registration-process](http://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](http://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](http://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 if 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
- 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 CPD and maintain records of those activities from 1 July 2012. You must undertake a minimum of 60 hours of CPD activities over a three-year cycle and a minimum of 10 hours in any one year.

For more information, view the full registration standard online at [www.atsihealthpracticeboard.gov.au/registration-standards](http://www.atsihealthpracticeboard.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 registration standard online at

[www.atsihealthpracticeboard.gov.au/Registration-Standards](http://www.atsihealthpracticeboard.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 such impairments at the time of application, including 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 standard, for all aspects of your practice, whether you are employed or self-employed, and regardless of whether you are working in the private, non-government or public sector.

You can be covered by either individual insurance arrangements or third party insurance arrangements which may apply through employment or education institution insurance arrangements. Applicants unable to meet the Board's requirements are ineligible for registration. It is your responsibility to understand the nature of the cover under which you are practising.

For more information, view the full registration standard online at [www.atsihealthpracticeboard.gov.au/registration-standards](http://www.atsihealthpracticeboard.gov.au/registration-standards)

### REGENCY OF PRACTICE

To ensure you are able to practise competently and safely, you must be able to demonstrate recency of practice. If you are returning to practice after a absence, the requirement for recency of practice will depend on the length of absence and the length of practice prior to absence. Depending on your situation the Board may impose conditions on your registration.

For more information, view the full registration standard online at [www.atsihealthpracticeboard.gov.au/registration-standards](http://www.atsihealthpracticeboard.gov.au/registration-standards)

### RÉSUMÉ (CURRICULUM VITAE)

Your résumé, also known as your curriculum vitae, must:

- explain any period since obtaining your professional qualifications where you have not practised and reasons why (e.g. undertaking study, travel, family commitment)
- detail any gaps in your practice history of more than three months from the date 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)'
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

It must also contain all the elements defined in AHPRA's standard format for curriculum vitae which can be found at [www.ahpra.gov.au/cv](http://www.ahpra.gov.au/cv)