



Application for limited registration in the public interest

Profession: Chiropractic

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

This form is for appropriately qualified chiropractors with overseas or other qualifications who do not qualify for general registration and who wish to apply for limited registration in the public interest. A chiropractor registered under this category of registration will not be eligible to undertake independent private or public practice.

In general, the Chiropractic Board of Australia (the Board) will only register a chiropractor under this category of registration for a limited time and/or for a limited scope. Examples of where it might be in the public interest to register a chiropractor include:

- an unexpected situation where a natural disaster has occurred
- · an expert demonstrating a procedure
- · participating in a workshop or providing a lecture, and
- chiropractic services provided for an international sporting event or team.

The Board expects that applicants seeking limited registration in the public interest will have a sponsor/employer that supports the application.

Applications may be submitted up to four months in advance.

It is important that you refer to the Board's guidelines before completing this application. Registration standards, codes and guidelines can be found at www.chiropracticboard.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

 $\label{lights} \mbox{Highlights important information about the form.}$



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 date of birth?

Title*	MR 🔀	MRS 🔀	MISS X	MS 🔀	DR 🔀	OTHER	SPEC	IFY				
Family	/ name*											
First g	First given name*											
Middle	Middle name(s)*											
Previo	us names k	nown by (e.g	. maiden nan	ne)								
Date o	of birth	D / M	M / Y	YYY								
	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 <i>Change of name</i> in the <i>Information and definitions</i> section of this form.											

2. What are your birth and personal details?

Country of	Country of birth													
City/Suburb/Town of birth														
State/Territory of birth (if within Australia)														
VIC 🔀	NSW 🔀	QLD 🔀	SA 🔀	WA 🔀	NT 🔀	TAS 🔀	ACT 🔀							
Sex*														
Sex*														
Sex*	FE	MALE 🔀	INTER	SEX/INDETE	RMINATE 🔀]								
MALE X				SEX/INDETE h (optional)*	rminate 🔼									
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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.



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 Categ	ory used:				
Australian birth or adoption certificate	NA X	Australian financial institution account NA	NA X				
Australian visa (Foreign passport must	P	Australian Medicare card NA	NA X				
be selected as evidence for Category B)	NA NA	Australian PAYG payment summary NA	NA X				
ImmiCard	X NA X	Australian motor vehicle registration NA	NA 🔀				
Australian citizenship certificate	NA X	Australian Taxation Assessment Notice NA	NA 🔀				
Australian passport	\times \times	Australian insurance policy NA	NA 🔀				
Australian motor vehicle licence	NA 🔀	Australian pension/healthcare card NA	NA 🔀				
Foreign passport	NA 🔀	Category D documents					
Australian Working with Children/ Vulnerable People Card	NA 🔀	A document from Category D is only required if your Category B or C document does not provide evidence					
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 h	ias				
Intl. or foreign motor vehicle licence	NA 🔀	my current residential address					
Australian proof of age card	NA XX	Australian rate notice	\times				

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

NA

Current Australian lease or tenancy agreement

Australian utility account

Australian electoral enrolment card

Australian government benefits

Australian academic transcript

Australian registration certificate

ALPI-10		
5. What is your residency status within Australia?	Current residency status Permanent Australian resident	Temporary resident (Supply details of visa status below)

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.

6.	What	are	your	contact	details?
----	------	-----	------	---------	----------

Provide your current contact details be	low – place an 🗶	next to your preferred contact phone number.
Business hours		Mobile
	\times	
After hours		
	\times	
Email		

7. 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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droce	(e.g. 12	2 1/1/10	C V//	NII IE.	or HMI	Τ 1 Λ	20	1/1/10	CTD	CET)					
Juless	(e.g. 12	3 JAIVIE	S AVE	INUE,	OI UIVI	IIA	, 30 0	AIVIE	SIN	CCI)					
ty/Sub	urb/Tov	vn*													
		v (e.g. \	/IC, AC	CT) /In t	ternat	ional	prov	vince ³	•	Posto	ode/Z	IP*			
ate or	territor														
ate or	territor														
ate or	territor														
	(if othe		Austr	alia)											

8. 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)	X .	Prov	ride	you	r Aus	stra	lian	prin	cipa	ıl pla	ace d	of pr	acti	ce b	elou	,
Site/build	ling and	d/or p	ositio	on/de	part	men	t (if	apı	olica	ble))												
Address (e.g. 12	3 JAM	IES A\	/ENUE	; or	UNIT	1A,	30	JAM	ES S	STRE	ET)											
City/Subu	ırb/Tow	/n*																					
State/Terr	ritory*	(e.g. V	IC, AC	CT)								Post	tcod	e*]							

9.	What is	your	mailing	address?
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A	Your mailing address is used for postal correspondence.
W	for postal correspondence.

X	Μv	residential	add
	IVIY	rosidoritidi	uuu

My principal place of practice

Other (Provide your mailing address below)

Site/building and/or	position/depar	tment (if applicable	9)	
Address/PO Box (e.g	. 123 JAMES AVI	ENUE; or UNIT 1A, 30	JAMES STREET; or PO BOX 1234)	
			, , , , ,	
City/Suburb/Town				
State or territory (e.g	j. VIC, ACT) /Inte i	national province	Postcode/ZIP	
Country (if other the	n Austrolia)			
Country (if other tha	n Australia)			

SECTION D: Qualification for the profession



To be eligible for limited registration in the public interest, you must have an undergraduate qualification that is determined to be relevant and suitable by the Board.

10. What are the details of your chiropractic qualification?



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



Attach a separate sheet if all your qualification details do not fit in the space provided.

SECTION E: Registration history

11. What is your health practitioner registration history?



To be eligible for limited registration in the public interest you **must** provide evidence of current registration in the overseas locations where you practice.

If you have been registered outside of Australia, 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 five years.

Certificates **must** be dated within three months of your application being received by AHPRA.

Current registration		
State/Territory/Country		
Profession		
Period of registration D D / M M / Y Y Y Y	to	DD/MM/YYYY
Additional registration		
State/Territory/Country		
Profession		
Period of registration D D / M M / Y Y Y Y	to	DD/MM/YYYY



If you have been previously registered outside of Australia, 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.



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

SECTION F: Work history

12. 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: 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.chiropracticboard.gov.au/Registration-Standards** for further information.

13. Do you have any criminal history in Australia?



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.







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

14. 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/ international criminal history. 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 your criminal history in a signed and dated written statement.

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 your criminal history in each of the countries listed and an explanation of the circumstances.

15. 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

NO 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
Non-month of the character of the charac	hank Make Bak of an arrange and a second and



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.

16. Have you previously been registered to practise as a chiropractor 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), must demonstrate they meet the English language skills registration standard.

YES

I declare I have used English as my primary language within the past five years. Go to auestion 21

N0



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.

17. 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.

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If a qualification that was relied on for registration is not an approved program of study, you **must** provide confirmation that the course was taught and assessed solely in English. A list of approved programs of study is available at www.ahpra.gov.au/Education/Approved-Programs-of-Study

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 21

Provide details of secondary, vocational and tertiary education in the table below, then go to question 21

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 21

English language test pathway

X	Go	to	question	18
	uu	w	question	,,,

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

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

18.	Were your results from
	the English language tests
	obtained in one or two
	sittings?

A I	In certain circumstances, you can use English language test results from a maximum of two test sittings in a six
T	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

	_
Cittien and D. D. / M. M. / V. V. V. V. Cittien too.	

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

Provide reference number(s) for the	ne test(s) you are relying on and attach	a copy of you	ır test results.	
International English Language Test report form number – sitting of	Test System (IELTS) Academic module one:	Test rep	ort form number – sitting two (if a	oplicable):
	Α			Α
The Board requires the IELTS (acad reading, writing and speaking).	demic module) with a minimum overall sc	ore of 7 and a	minimum score of 7 in each of the	
Pearson Test of English Academ	ic (PTE Academic)			
Registration ID – sitting one:		Registra	tion ID – sitting two (if applicable):	
The Board requires the PTE Acade reading, writing and speaking).	mic with a minimum overall score of 65 a	nd a minimum	score of 65 in each of the four co	mmunicative skills (listening,
	guage internet-based test (TOEFL iBT)			
Registration number – sitting one:		Registra	tion number – sitting two (if applic	able):
The Board requires the TOEFL iBT speaking.	with a minimum total score of 94 and the	minimum sco	res of 24 for listening, 24 for read	ing, 27 for writing, and 23 for
	test(s) were completed within the past umber(s), so that AHPRA can verify yo		you must provide a copy of you	ır test results,
If your English language t	test(s) were not completed within the	past two yea	rs, you must provide a certifie	d copy of your results.
20. Were your results from the	YES 🔀	NO 🔀		
above-mentioned English		untad within 1	O months of completing volunteet	o) vou moved bovo commonand.
language tests obtained in the past two years?	In order for your results to be acce continuous employment as a re	gistered healt	2 months of completing your test(s n practitioner in a recognised cour	s) you must nave commenced: itry where English was the
ino puot tivo youro.	primary language of practice, a	nd/or		, ,
	continuous enrolment in an app Vou must lodge this appliestion with			and/ar program of atudy
	You must lodge this application wi	IUIIII 12 MONU	is or completing the employment a	and/or program of study.
			ur English language test results	
	•		(s) or a professional referee in t as a registered health practition	•
			uous employment over two yea	
	only two years is requir		, ,	,
			that you were enrolled continue	
			within 12 months of sitting the onger than 12 months before lo	
	that you completed you	ui Study 110 it	onger than 12 months before to	aging your application.
21. Do you commit to having	The Board requires all applicants in practicing. Applicants unable to m			
appropriate professional	practising. Applicants unable to m For more information, see <i>Profession</i>		-	
indemnity insurance arrangements in place for	<u></u>	onai maeminity	rinsurance in the information and t	ienniuons secuon of this form.
all practice undertaken during	YES X	NO 🔀		
the registration period?				
22. Have you qualified as a chiropractor or have you	For more information, see <i>Practice</i>	and <i>Recency</i>	of practice in the Information and	definitions section of this form.
passed a Board-approved	YES Go to question 26	NO NO	Go to the next question	
competency assessment within the past 12 months?				
23. Have you practised at least 150 hours in the past 12	For more information, see <i>Recency</i>	<i>y of practice</i> ir	the Information and definitions se	ction of this form.
months?	YES Go to question 26	NO NO	Go to the next question	
24. Have you practised at least		NO NO	<u>-</u>	
450 hours in the past three	YES 🔀	NO	You must satisfy the Board of you practise. For more information, se	
years?			Information and definitions section	
25. In the past three years have	YES You must satisfy the Board of	of your curren	competency to practise. For more	e information, see <i>Recency</i>
you had any continuous	of practice in the Information			,
absences from practice that are greater than two years?	NO Go to the next question			
are greater than two years?				

26. 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







27. Is your registration in any profession currently suspended or cancelled in





Australia (under the National Law or a corresponding prior Act) or overseas?



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

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







overseas?



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

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









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

30. 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).









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

31. 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?









You **must** attach to this application details of any conduct, performance or health proceedings.

SECTION H: Details of the public interest requirement

32. When will your registration period begin?



The date of the Board's approval



The date indicated below, being a date subsequent to the Board's determination



33. How many days do you require the limited registration?



Registration will be granted for a maximum period of one month unless there are special circumstances to require registration for up to but not exceeding 3 months. **Days**



If there are special circumstances you **must** attach a detailed statement of those circumstances, signed by the sponsor/employer to this application.

34. What is the nature of the public interest position/role for which limited registration is being sought?



Practitioners with limited registration for public interest must provide details of sponsor/employer (see Part B) If there is any change to the position/role you will be required to submit a new application to the Board.

Title of the position/role



You **must** attach a position description including:

- key selection criteria addressing clinical responsibilities, qualifications and experience required, and
- in the case of a chiropractor who will demonstrate a procedure or participate in a workshop, details of the clinical activities that the practitioner will be undertaking.

SECTION I: 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

 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
 - 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
 - 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

- 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;
 - 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

If I provide the Board details of an English language test I have completed, I authorise the Board to use the information I provide to verify those results with the test provider. I understand the test provider may be overseas.

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 quidelines.

I confirm that I have:

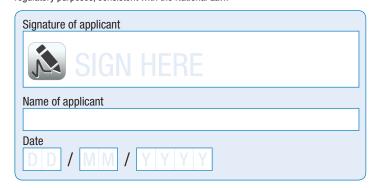
- $\bullet \hspace{0.4cm}$ met the English language skills pathway requirements indicated on this form, and
- read the privacy and confidentiality statement for this form.

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.





⚠ PART B – To be completed by the sponsor/employer

SECTION J: Sponsor/employer details

35. What are the details of the sponsor/employer?

Provide sponsor/employer details below Name of sponsor organisation	
MR MRS MISS MS DR	OTHER SPECIFY
Family (legal) name of sponsor contact	
First given name	
Address/P0 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 phone	Mobile
Email	

36. Is the contact person for the sponsor/employer organisation registered as a chiropractor?

NO 🔀

SECTION K: List of sites

37. What are the names and addresses of all sites of practice for which limited registration is being sought?

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e/Bu	ildin	g (if	арр	lica	ble)																
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Attach a separate sheet of the names and addresses of additional sites that do not fit in the spaces provided.

SECTION L: Sponsor employer's consent

I declare that the information provided in this document (including supervision and training details) is true and correct. I confirm that the applicant named below has been formally offered the position as described in this application.

Name of applicant	Name of sponsor employer
Date DD / MM / Y Y Y Y	Signature of sponsor employer SIGN HERE



PART C - To be completed by the applicant

SECTION M: Payment



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

Your required payment is detailed below:

Use the table below to select your registration fee. Your registration fee depends on your principal place of practice, as applicants whose principal place of practice is New South Wales are entitled to a rebate from the NSW Government.

Application fee:

\$283



Amount payable:



Applicants **must** pay 100% of the stated fees at the time of submitting the application.



Refund rules

The application fee is non-refundable. The registration fee will be refunded if the application is not approved.

38. How are you paying your fees?



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

A receipt will be provided.





Visa or MasterCard

Complete credit/debit card payment slip below



Cash/EFTPOS

(only available if paying in person)





Regulation Agency.



- On the back of the cheque, money order or bank draft, you **must** write:
- your full name
- your date of birth, and
- your AHPRA registration number (if you have one).

Amount payable Signature Expiry date Mixed on Card Cardholder's signature Signature Signature

SECTION N: Checklist

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

Additional dod	rumentation experimentation	Attached
Question 1	Evidence of a change of name	\times
Question 3	A certified copy of a foreign passport	X
Question 4	Certified copies of all documents that provide sufficient evidence of your identity	X
Question 10	Original certified copy of your primary chiropractic degree certificate	X
Question 10	A separate sheet with additional qualification details	X
Question 11	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	X
Question 11	A separate sheet with additional registration history details	X
Question 12	Your curriculum vitae	X
Question 13	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	X
Question 14	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	X
Question 14	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	×
Questions 14 & 15	ICHC reference page provided by the approved vendor	\times
Question 15	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	\times
Question 17	A separate sheet with any additional qualification details	\times
Question 17	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	\times
Question 19	Copy of your English language test results	\times
Question 20	Certified copy of your English language test results	\times
Question 20	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	\times
Question 26	A separate sheet with your impairment details	\times
Question 27	A separate sheet with your suspension or cancellation details	\times
Question 28	A separate sheet with your cancellation, refusal or suspension details	\times
Question 29	A separate sheet with your conditions, undertakings or limitations details	\times
Question 30	A separate sheet with your disqualification details	\times
Question 31	A separate sheet with your conduct, performance or health proceedings	\times
Question 34	A detailed statement and/or other documentation explaining special circumstances	\times
Question 34	A position description	\times
Question 37	A separate sheet with the names and addresses of additional sites	X
Payment		
	Application fee	\times
	Registration fee	\times
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	\times

Please post this form with payment and required attachments to:

AHPRA GPO Box 9958 IN YOUR CAPITAL CITY (refer below) You may contact AHPRA on 1300 419 495 or you can lodge an enquiry at **www.ahpra.gov.au**

Sydney NSW 2001 Canberra ACT 2601 N Adelaide SA 5001 Perth WA 6001 H

Melbourne VIC 3001 Brisbane QLD 4001 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
- 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.

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.chiropracticboard.gov.au/Registration-Standards

CURRICULUM VITAE

Your curriculum vitae must:

- detail any gaps in your practice history of more than three months within the past five years
- indicate whether positions were undertaken full-time or part-time, and specify the nature of any practice (e.g. provision of clinical care, management, administration, education, research)
- detail your continuing professional development history, study you have undertaken and qualifications obtained
- 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

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.chiropracticboard.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 renewal, 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.

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.

The Board requires that practitioners maintain a level of cover that is adequate and appropriate for the scope and nature of their practice. The cover must include civil liability cover, appropriate retroactive cover, automatic reinstatement and appropriate run-off cover for when they cease practice.

For more information, view the full registration standard online at www.chiropracticboard.gov.au/Registration-Standards

RECENCY OF PRACTICE

To ensure that you are able to practise competently and safely, you must satisfy the Board's *Recency of practice registration standard*.

The Board notes a distinction between clinical practice and non-clinical practice. You must be recent in the type of practice you seek to undertake. If you are recent in clinical practice you are automatically recent in non-clinical practice.

All practising registrants must have carried out at least 150 hours of practice in the previous 12 months or 450 hours of practice in the previous three years. If a practitioner satisfies the hours requirement for recency of practice but has been continuously absent from practice for two years in the previous three years then they do not immediately satisfy the recency of practice requirement and will be required to satisfy the Board as to their current competency.

A practitioner who does not satisfy the hours requirement will also be required to satisfy the Board as to their current competency.

Practitioners who have completed their qualification or an overseas-trained practitioner competency assessment within two years prior to applying for renewal of registration are exempt from this requirement.

Practitioners who do not immediately satisfy the recency of practice requirements should refer to the full registration standard online at www.chiropracticboard.gov.au/Registration-Standards