Nursing and Midwifery Board Ahpra

Fast track application for registration

Professions: **Nursing and midwifery**

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

The Nursing and Midwifery Board of Australia (the NMBA) has decided on a fast track application process for practitioners who:

- previously held general registration as a nurse and/or midwife in Australia
- did not apply for renewal of registration within one month of the end of the preceding registration period of 31 May (i.e before 30 June), and
- are now applying for registration between 1 and 31 July.

This fast track application process is only available for one month immediately after your registration has lapsed. It differs from the standard application process in that it does not require:

- verification of identification unless there has been a change in criminal history
- verification of qualifications if recorded as part of previous registration
- verification of English language skills, and
- verification of registration history or work history

It is important that you refer to the NMBA's registration standards, codes and guidelines when completing the form. These documents can be found at **www.nursingmidwiferyboard.gov.au**.

You are unable to practise until your application has been finalised and your details appear on the public register. If you are currently practising, you must stop immediately.

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.

Fast track applications are usually assessed within 48–72 hours unless the practitioner fails to provide sufficient information, has made an adverse declaration or previously held registration that was subject to conditions. In these circumstances, assessment time frames may extend beyond the usual timeframes.

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.

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.

SECTION A: Application criteria

1. What are you applying for general registration as?

Mark all that apply

☐ Enrolled nurse ☐ Registered nurse ☐ Midwife

SECTION B: Personal details

The information items in this section marked * will appear on the public register of practitioners. For more information, see *Information on the public register* in the *Information and definitions* section of this form.

2. What is your name and date of birth?

Title* MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER ☐ SPECIFY

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth D D / M M / Y Y Y Y

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

3. What are your birth and personal details?

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)

VIC ☐ NSW ☐ QLD ☐ SA ☐ WA ☐ NT ☐ TAS ☐ ACT ☐

Sex*

MALE ☐ FEMALE ☐ INTERSEX / INDETERMINATE ☐

Languages spoken fluently other than English (optional)*

SECTION C: Contact information

Once registered, you can change your contact information at any time. Please go to **www.ahpra.gov.au/login** to change your contact details using your online account.

4. 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

5. 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 * will appear on the public register as your principal place of practice.**

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

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

Site/Building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

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

Country (if other than Australia)

6. Is the address of your principal place of practice the same as your residential address?

Principal place of practice for a registered health practitioner is:

- the address at which you 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***

7. 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

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

Postcode/ZIP

Country (if other than Australia)

8. List the details of your recently expired nursing and/or midwifery registration under the National Law:

Enrolled nurse

Expiry date of registration D D / M M / Y Y Y Y

Registration number* N M W

Registered nurse

Expiry date of registration D D / M M / Y Y Y Y

Registration number* N M W

Midwife

Expiry date of registration D D / M M / Y Y Y Y

Registration number* N M W

SECTION D: Suitability statements

Information required by the NMBA 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 NMBA 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 NMBA's registration standards. Refer to **www.nursingmidwiferyboard.gov.au/Registration-Standards** for further information.

9. 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.

YES ☐ NO ☐ ***Go to the next question***

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, and
- supply proof of your identity.

You do not have to provide your Australian criminal history report. We will obtain this for you. In order for a nationally coordinated criminal history check to be conducted by Ahpra and the National Board for the purpose of assessing this application for registration, you must supply certified copies of your proof of identity documents as outlined below. You must only use each document once and 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.

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

Documents	Category used: A	B	C	Documents	Category used: A	B	C
Australian birth or adoption certificate	☐	NA	☐	Australian financial institution account	NA	NA	☐
Australian visa (Foreign passport must be selected as evidence for Category B)	☐	NA	☐	Australian Medicare card	NA	NA	☐
				Australian PAYG payment summary	NA	NA	☐
ImmiCard	☐	NA	☐	Australian motor vehicle registration	NA	NA	☐
Australian citizenship certificate	☐	NA	☐	Australian Taxation Assessment Notice	NA	NA	☐
Australian passport	☐	☐	☐	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 of your residential address.			
Australian firearms or shooter's licence	NA	☐	☐				
Australian student ID card	NA	☐	☐	I have used a Category B or C document that has my current residential address			☐
Intl. or foreign motor vehicle licence	NA	☐	☐				
Australian proof of age card	NA	☐	☐	Australian rate notice			☐
Australian government benefits	NA	NA	☐	Current Australian lease or tenancy agreement			☐
Australian academic transcript	NA	NA	☐	Australian utility account			☐
Australian registration certificate	NA	NA	☐	Australian electoral enrolment card			☐

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

10. 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**.

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.***

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.

11. 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. For example a midwife repairing an episiotomy or a perioperative nurse surgical assistant involved in open surgical procedures that meet the above criteria.

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-on-managing-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.

YES ☐ ***Go to the next question*** NO ☐ ***Go to question 14***

12. During the preceding period of registration, did you comply with the *Australian National Guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses*?

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

YES ☐ ***Go to the next question*** NO ☐

Provide detailed reason(s) below for why you did not comply with the guidelines

You **must** attach a separate sheet with additional details that do not fit in the space provided.

13. Do you commit to comply with the *Australian National Guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses*?

This includes testing for HIV, Hepatitis C and Hepatitis B at least once every three years. Testing for Hepatitis B is not necessary if you have demonstrated immunity to HBV through vaccination or resolved infection.

YES ☐ NO ☐

14. 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 ☐

Provide details of your impairment below, including details of any treatment plan or medical documentation

You **must** attach additional details of any impairments, including treatment plan and medical certificate or documentation, that do not fit in the space provided.

15. 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.

IMPORTANT: You **must** answer the following questions for each of the registrations you are applying for (as indicated in question 1).

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

Enrolled nurse

YES ☐ NO ☐

Registered nurse

YES ☐ NO ☐

Midwife

YES ☐ NO ☐

If you answered **Yes** to any of the above, you **must** attach to this application details of any registration suspension or cancellation.

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

Enrolled nurse

YES ☐ NO ☐

Registered nurse

YES ☐ NO ☐

Midwife

YES ☐ NO ☐

If you answered **Yes** to any of the above, you **must** attach to this application details of any cancellation, refusal or suspension.

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

Enrolled nurse

YES ☐ NO ☐

Registered nurse

YES ☐ NO ☐

Midwife

YES ☐ NO ☐

If you answered **Yes** to any of the above, you **must** attach to this application details of any conditions, undertakings or limitations.

19. 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).

Enrolled nurse

YES ☐ NO ☐

Registered nurse

YES ☐ NO ☐

Midwife

YES ☐ NO ☐

If you answered **Yes** to any of the above, you **must** attach to this application details of any disqualifications.

20. Did you hold an endorsement prior to your recent expiry, and require this to be reinstated?

Registered nurse

YES ☐ ▶ **Provide details of your endorsement(s)* below**

NO ☐

Midwife

YES ☐ ▶ **Provide details of your endorsement(s)* below**

NO ☐

21. Did you have a notation prior to your recent expiry?

Enrolled nurse

YES ☒ ▶ **Provide details of your notation(s)* below**

NO ☒

Registered nurse

YES ☒ ▶ **Provide details of your notation(s)* below**

NO ☒

Midwife

YES ☒ ▶ **Provide details of your notation(s)* below**

NO ☒

22. During your preceding period of registration, have you practised in accordance with the requirements of the NMBA's *Professional indemnity insurance (PII) arrangements registration standard* when practising the profession in Australia?



Nurses and midwives can meet the professional indemnity insurance requirement through employer's insurance, private insurance cover or another third party such as insurance gained through membership of a professional or industrial organisation. It is your responsibility to understand the nature of that cover.

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

Enrolled nurse

YES ☒

NO ☒ ▶ **Provide details of why you have not met the NMBA's PII arrangements registration standard**

Registered nurse

YES ☒

NO ☒ ▶ **Provide details of why you have not met the NMBA's PII arrangements registration standard**

Midwife

YES ☒

NO ☒ ▶ **Provide details of why you have not met the NMBA's PII arrangements registration standard**



You **must** attach a separate sheet with additional details that do not fit in the spaces provided.

23. If your registration is granted, do you commit to practice in accordance with the requirements of the NMBA's *Professional indemnity insurance arrangements registration standard* when practising the profession in Australia?

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

Enrolled nurse

YES ☐

NO ☐ ▶ **Provide details of why you do not commit to the NMBA's PII arrangements registration standard**

Registered nurse

YES ☐

NO ☐ ▶ **Provide details of why you do not commit to the NMBA's PII arrangements registration standard**

Midwife

YES ☐

NO ☐ ▶ **Provide details of why you do not commit to the NMBA's PII arrangements registration standard**

You **must** attach a separate sheet with additional details that do not fit in the spaces provided.

24. Do you meet the NMBA's recency of practice requirements?

Answer **YES** if you graduated less than two years ago, as you are exempt.

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

Enrolled nurse

YES ☐

NO ☐ ▶ **Provide details of why the recency of practice requirements have not been met**

Registered nurse

YES ☐

NO ☐ ▶ **Provide details of why the recency of practice requirements have not been met**

Midwife

YES ☐

NO ☐ ▶ **Provide details of why the recency of practice requirements have not been met**

You **must** attach a separate sheet with additional details that do not fit in the spaces provided.

25. During your preceding period of registration, have you met the requirements of the NMBA's *Continuing professional development registration standard*?

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

Enrolled nurse

YES ☐

NO ☐ ▶ **Provide details of the CPD you have undertaken and why the CPD requirements have not been met**

Registered nurse

YES ☐

NO ☐ ▶ **Provide details of the CPD you have undertaken and why the CPD requirements have not been met**

Midwife

YES ☐

NO ☐ ▶ **Provide details of the CPD you have undertaken and why the CPD requirements have not been met**

You **must** attach a separate sheet with additional details that do not fit in the spaces provided.

26. If your registration is granted, do you commit to completing the requirements of the NMBA's *Continuing professional development registration standard*?

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

Enrolled nurse

YES ☐

NO ☐ ▶ **Provide details of why you do not commit to completing the CPD requirements**

Registered nurse

YES ☐

NO ☐ ▶ **Provide details of why you do not commit to completing the CPD requirements**

Midwife

YES ☐

NO ☐ ▶ **Provide details of why you do not commit to completing the CPD requirements**

You **must** attach a separate sheet with additional details that do not fit in the spaces provided.

27. Have you undertaken practice in Australia in the profession since 1 July this year?

Enrolled nurse

YES ☒ ▶ **Last date in July this year that you practised** D D / M M / Y Y Y Y

NO ☒

Registered nurse

YES ☒ ▶ **Last date in July this year that you practised** D D / M M / Y Y Y Y

NO ☒

Midwife

YES ☒ ▶ **Last date in July this year that you practised** D D / M M / Y Y Y Y

NO ☒

28. During your preceding period of registration, has your right to practise at a hospital or another facility at which health services are provided been withdrawn or restricted because of your conduct, professional performance or health?

You must answer this question for the registrations that you are reapplying for.

For registrations you are not reapplying for, please select N/A.

This generally applies to practitioners who are in private practice. For example, if you are a privately practising midwife or a privately practising nurse practitioner and your practice has been restricted because of your conduct, professional performance or health you need to tell us.

Enrolled nurse

YES ☒ ▶ **Provide details of the withdrawal or restriction of your right to practise**

NO ☒

Registered nurse

YES ☒ ▶ **Provide details of the withdrawal or restriction of your right to practise**

NO ☒

Midwife

YES ☒ ▶ **Provide details of the withdrawal or restriction of your right to practise**

NO ☒

You **must** attach a separate sheet with additional details that do not fit in the space provided.

29. During your preceding period of registration, have your billing privileges been withdrawn or restricted, or restrictions placed on your prescribing rights because of your conduct, professional performance or health?

This question only applies to registered nurses and midwives. Enrolled nurses are not required to answer this question.

Registered nurse

N/A ☐ I do not have billing privileges

YES ☐ **Provide details of the withdrawal or restriction of your billing privileges or restrictions placed on your prescribing right**

NO ☐

Midwife

N/A ☐ I do not have billing privileges

YES ☐ **Provide details of the withdrawal or restriction of your billing privileges or restrictions placed on your prescribing right**

NO ☐

You **must** attach a separate sheet with additional details that do not fit in the space provided.

30. Have you previously disclosed to Ahpra all known complaints made about you to:
- **a registration authority, or**
- **another entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners (in Australia or elsewhere)?**

'Complaints' refers to matters other than those made since 1 July 2010, under the National Law and already reported to Ahpra. **If you are not aware of any complaints made about you please select N/A.**

N/A ☐ I am not aware of any complaints

YES ☐ I have already disclosed all known complaints

NO ☐ **I need to declare one or more complaints**

Provide details below of all known complaints made about you since you last renewed your registration. Please include details about to whom the complaint was made and when the complaint was made.

Attach additional details of all known complaints made about you since you last renewed your registration that do not fit in the space provided.

31. Are you a privately practising midwife?

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

32. Do you provide homebirth services?

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

33. Do you comply with the requirements of section 284 of the National Law and the NMBA's *Safety and quality guidelines for privately practising midwives* in order to meet the requirements of exemption from PII for intrapartum care?

Under section 284 of the National Law privately practising midwives providing homebirth services need to meet the requirements of the NMBA's *Safety and quality guidelines for privately practising midwives*. The guidelines can be found at **www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines**
For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

YES ☐ NO ☐

Provide details of why you do not comply with the requirements of section 284

You **must** attach a separate sheet with any additional details that do not fit in the space provided.

SECTION E: Obligations and consent

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

Obligations of registered health practitioners

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

Continuing professional development

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

Professional indemnity insurance arrangements

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

Notice of certain events

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

Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
   a) a change in the practitioner's principal place of practice;
   b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
   c) a change in the practitioner's name.

Employer's details

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

Consent to nationally coordinated criminal history check

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

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the Board,
- my personal information will be extracted from this form and provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the *Australian Crime Commission Act 2002 (Cth)*,
- my identity information provided with this application will be enrolled with Ahpra to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

Consent

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

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I undertake to comply with all relevant legislation and Board registration standards, codes and guidelines.
I understand that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.
I confirm that I have read the privacy and confidentiality statement for this form.
I declare that:

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

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

Signature of applicant

SIGN HERE

Name of applicant

Date

D D / M M / Y Y Y Y

SECTION F: Payment

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

Application fee:		Registration fee:		Amount payable:
$60	+	$180	=	$240

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

Registration period
The annual registration period for the nursing and midwifery professions is from **1 June to 31 May**.

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

34. 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 G: Checklist

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

Additional documentation		Attached
Question 2	Evidence of a change of name	☐
Question 9	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	☐
Question 9	Certified copies of all documents that provide sufficient evidence of your identity	☐
Question 10	A separate sheet of overseas countries and corresponding ICHC reference number	☐
Question 10	ICHC reference page provided by the approved vendor	☐
Question 10	A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances	☐
Question 12	A separate sheet with details of why you did not comply with the guidelines	☐
Question 14	A separate sheet with your impairment details	☐
Question 15	A separate sheet with your conduct, performance or health proceedings	☐
Question 16	A separate sheet with your current suspension or cancellation details	☐
Question 17	A separate sheet with your cancellation, refusal or suspension details	☐
Question 18	A separate sheet with your previous conditions, undertakings or limitation details	☐
Question 19	A separate sheet with your disqualification details	☐
Question 22	A separate sheet with details of why you have not met PII arrangements	☐
Question 23	A separate sheet with details of why you do not commit to only practise the profession in Australia in accordance with the requirements of the NMBA's *PII arrangements registration standard*	☐
Question 24	A separate sheet with details of why the recency of practice requirements have not been met	☐
Question 25	A separate sheet with details of the CPD you have undertaken and why the CPD requirements have not been met	☐
Question 26	A separate sheet with details of why you do not commit to meet the CPD requirements	☐
Question 28	A separate sheet with details of the withdrawal or restriction of your right to practise	☐
Question 29	A separate sheet with details of the withdrawal or restriction of your billing privileges or restrictions placed on your prescribing right	☐
Question 30	A separate sheet with support papers detailing any known complaints made about you	☐
Question 33	A separate sheet with details of why you do not comply with the requirements of section 284	☐
Payment		
	Application fee	☐
	Registration fee	☐

The fastest way to submit this form and any supporting documents is online at **www.ahpra.gov.au/registration/online-upload.** If you wish to submit it via mail, 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**

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

Information and definitions

AUSTRALIAN NATIONAL GUIDELINES FOR THE MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH BLOOD BORNE VIRUSES AND HEALTHCARE WORKERS WHO PERFORM EXPOSURE PRONE PROCEDURES AT RISK OF EXPOSURE TO BLOOD BORNE VIRUSES

The Communicable Diseases Network Australia (CDNA) has published these guidelines. The following is a summary of the requirements in the CDNA guidelines:

Healthcare workers who perform exposure prone procedures (EPPs) must take reasonable steps to know their blood-borne virus (BBV) status and should be tested for BBVs at least once every three years. They are also expected to:

- have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition
- have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus acquisition
- cease performing all EPPs if diagnosed with a BBV until the criteria in the guidelines are met, and
- confirm that they comply with these guidelines when applying for renewal of registration if requested by their board.

Practitioners who are living with a blood-borne virus and who perform exposure-prone procedures have additional requirements. They are expected to:

- be under the ongoing care of a treating doctor with relevant expertise
- comply with prescribed treatment
- have ongoing viral load monitoring at the appointed times
- not perform EPPs if particular viral load or viral clearance criteria are not met (see detailed information in the guidelines according to the specific BBV)
- seek advice regarding any change in health condition that may affect their fitness to practise or impair their health
- release monitoring information to the treating doctor
- if required, release de-identified information to the relevant area of the jurisdictional health department/Expert Advisory Committee, and
- if required, release health monitoring information to a designated person in their workplace in the event of a potential exposure incident to assess the requirement for further public health action.

Additional information can be found in the CDNA *Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* available online at **https://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.aspx**
- 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. Any documents containing a photograph must be annotated with the statement 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.' For more information, Ahpra's guidelines for certifying documents can be found online at **www.ahpra.gov.au/certify.aspx**

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 that 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 is a requirement of registration even if you are not working or are working overseas. You must complete at least 20 hours of CPD per profession each year. This must be relevant to your context of practice. If you were granted registration less than 12 months ago, your CPD requirements will be based on how many months you have been registered:

- 0–3 months, at least 5 hours
- 3–6 months, at least 10 hours
- 6–9 months, at least 15 hours or
- more than 9 months, at least 20 hours.

You must keep evidence of your participation. For more information, view the registration standard online at **www.nursingmidwiferyboard.gov.au/Registration-Standards** and the guidelines at **www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines**

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 since you last registered with the NMBA as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The NMBA 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.

But if you have not given us certified proof of identity documents since October 2019, you will need to do this first. Any documents containing a photograph must be annotated with the statement *'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'*

You may be required to obtain international criminal history reports.

For more information, view the registration standard online at **www.nursingmidwiferyboard.gov.au/Registration-Standards** and the requirements for supplying proof of identity and certified documents at **www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity** and **www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents**

IMPAIRMENT

The National Law defines impairment as '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**'.

But an illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples of what you do not need to declare include:

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan.

INFORMATION ON THE PUBLIC REGISTER

Information in this form marked with an asterix (*) indicates the information that will be displayed on the online public register of practitioners.

If you believe that publishing information about you on the public register would pose a serious risk to your health or safety as a practitioner, please complete an *Application to exclude information from the public register – AEPR-00* available at **www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms**

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 the safe and effective delivery of services in the profession and/or use of their professional skills.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise the profession in Australia without PII. You must maintain it through your own private cover, your Australian employer or another third party, and ensure you understand it.

But you are not required to hold PII if you are unemployed or working overseas.

Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

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

RECENCY OF PRACTICE

You must maintain an adequate connection with your profession and regularly practise it after you qualify for or receive your registration. For nurses and midwives this means you have practised for at least 450 hours over the last 5 years. The NMBA's recency of practice requirements also apply to an endorsement for scheduled medicines or as a nurse practitioner.

If you are unable to meet the recency of practice requirements the NMBA requires you to submit evidence to support your re-entry to practice. Re-entry to practice may require you to complete specific education and/or supervised practice.

For more information, view the registration standard online at **www.nursingmidwiferyboard.gov.au/Registration-Standards** and the re-entry to practice policy at **www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/reentry-to-practice**