



## Application for general registration

### For internationally qualified nurses and midwives who have successfully completed an NMBA-approved bridging program

#### Profession: Nursing and Midwifery

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

This form is for internationally qualified nurses and midwives who have previously applied for general registration with the Nursing and Midwifery Board of Australia (NMBA) been referred by the NMBA to complete an NMBA-approved bridging program (bridging program), and successfully completed the bridging program.

Information on bridging programs can be found at [www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Registration/Application-outcomes](http://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Registration/Application-outcomes).

You **must** complete this application yourself. It may not be completed by someone else on your behalf.

It is important that you refer to the NMBA's registration standards, codes and guidelines before completing this application. These documents can be found at [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au)

If you are an internationally qualified nurse or midwife and **have not** successfully completed a bridging program, you should complete the online Self-check to identify the steps that must be successfully completed before you are eligible to apply for general registration. The Self-check is available on the Board's website [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au)

If you have the legal authority to practice as a nurse or midwife in New Zealand, you are subject to certain entitlements under the *Trans-Tasman Mutual Recognition Act 1997* (Cth) and should apply for registration using form ATMR-40, which can be found at [www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms](http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms)

**This application will not be considered unless it is complete and all supporting documentation has been provided.** Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

### Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

### Symbols in this form

- Additional information**  
Provides specific information about a question or section of the form.
- Attention**  
Highlights important information about the form.
- Attach document(s) to this form**  
Processing cannot occur until all required documents are received.
- Signature required**  
Requests appropriate parties to sign the form where indicated.
- Mail document(s) directly to Ahpra**  
Requires delivery of documents by an organisation or the applicant.

### Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- DO NOT** send original documents unless specified.

Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

## SECTION A: Application category

1. What are you applying for general registration as?

Mark ONE option only. This must be the same category as the bridging program completed.

- 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?

Title\*    MR     MRS     MISS     MS     DR     OTHER

Family name\*

First given name\*

Middle name(s)\*

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



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?**

Date of birth  /  /

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: Proof of identity**

**i** 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](http://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.

**4. Are you applying for registration from outside of Australia AND unable to provide evidence from each category?**

YES

NO  **Go to the next question**

**i** 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](http://www.ahpra.gov.au/identity) for further information.

**Attachment required below – then go to Section D: 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
- 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](http://www.ahpra.gov.au/translate) for further information.

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

**i** 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](http://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:			Documents	Category used:		
	A	B	C		A	B	C
Australian birth or adoption certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian financial institution account	NA	NA	<input type="checkbox"/>
Australian visa (Foreign passport must be selected as evidence for Category B)	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian Medicare card	NA	NA	<input type="checkbox"/>
ImmiCard	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian PAYG payment summary	NA	NA	<input type="checkbox"/>
Australian citizenship certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian motor vehicle registration	NA	NA	<input type="checkbox"/>
Australian passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Australian Taxation Assessment Notice	NA	NA	<input type="checkbox"/>
Australian motor vehicle licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian insurance policy	NA	NA	<input type="checkbox"/>
Foreign passport	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian pension/healthcare card	NA	NA	<input type="checkbox"/>
Australian Working with Children/Vulnerable People Card	NA	<input type="checkbox"/>	<input type="checkbox"/>	<b>Category D documents</b>			
Australian firearms or shooter's licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
Australian student ID card	NA	<input type="checkbox"/>	<input type="checkbox"/>	I have used a Category B or C document that has my current residential address			<input type="checkbox"/>
Intl. or foreign motor vehicle licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian rate notice			<input type="checkbox"/>
Australian proof of age card	NA	<input type="checkbox"/>	<input type="checkbox"/>	Current Australian lease or tenancy agreement			<input type="checkbox"/>
Australian government benefits	NA	NA	<input type="checkbox"/>	Australian utility account			<input type="checkbox"/>
Australian academic transcript	NA	NA	<input type="checkbox"/>	Australian electoral enrolment card			<input type="checkbox"/>
Australian registration certificate	NA	NA	<input type="checkbox"/>				

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



## SECTION D: Contact information



**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.



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

- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
- log in to your Ahpra account to change your details online.

### 6. 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**

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

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

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

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


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


**City/Suburb/Town\***

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

**Postcode/ZIP\***

**Country (if other than Australia)**

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

YES

NO  *Provide your Australian principal place of practice below*



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.

**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\***



9. What is your mailing address?

**i** 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)**

\_\_\_\_\_

**SECTION E: Qualification for the profession(s)**

**!** 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.

**i** In accordance with section 52 of the National Law, to be eligible for general registration you must be qualified for general registration in the health profession. Section 53 of the National Law states that to be qualified you must hold either:

- (a) an approved qualification for the health profession,
- (b) a qualification that the NMBA considers to be substantially equivalent, or based on similar competencies to an approved qualification,
- (c) a qualification, not referred to in (a) or (b), relevant to the health profession and have successfully completed an examination or other assessment required by the NMBA for the purpose of general registration in the health profession, or
- (d) a qualification, not referred to in (a) or (b), that under the National Law, or a corresponding prior Act, qualified you for general registration in the health profession and you were previously registered on the basis of holding that qualification.

The NMBA's website contains information on approved qualifications accepted under point (a). More information is available at [www.nursingmidwiferyboard.gov.au/Accreditation/Approved-Programs-of-Study](http://www.nursingmidwiferyboard.gov.au/Accreditation/Approved-Programs-of-Study)

10. Have you recently completed a bridging program and are applying for registration based on your successful completion of this course?

YES  NO


**STOP** **You are not eligible to use this application form.** To apply for registration as an Australian qualified nurse or midwife, please complete application form AGEN-40, available at [www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement-Forms](http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement-Forms)

If you are an internationally qualified nurse or midwife, you must complete the online Self-check to identify the steps that must be successfully completed before you are eligible to apply for general registration.

The Self-check is available at [www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/International](http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/International)



### 11. What are the details of the bridging program you successfully completed?

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

#### Bridging program details

Title of qualification\*

Name of institution (University/TAFE/RTO/College/Examining body)\*

Campus (name of campus/location of campus)

State/Territory (e.g. VIC, ACT)

Start date

 / 

Completion date\*

 / 

Profession applicable to

Enrolled nurse     Registered nurse     Midwife



You **must** attach a certified copy of the bridging program course certificate. Following assessment of your application, you may be requested to provide further information.

## SECTION F: Registration history

### 12. What is your health practitioner registration history?

 If you have been registered outside of Australia, the NMBA requires a Certificate of Good Standing (COGS) or Certificate of Registration Status (CORS) 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.**

You must submit a new CORS or COGS with your application, as any certificates previously submitted will no longer be valid.

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

#### Most recent registration

State/Territory/Country/International province

Period of registration

 /  /  to  /  / 


If you have been registered outside of Australia, you **must** arrange for original Certificates of Good Standing or Certificates of Registration Status to be forwarded directly from the registration authority to your Ahpra state or territory office. Refer to [www.ahpra.gov.au/About-Ahpra/Contact-Us](http://www.ahpra.gov.au/About-Ahpra/Contact-Us) for your Ahpra state or territory office address.

#### Additional registration

State/Territory/Country/International province


Period of registration

 /  /  to  /  / 


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

## SECTION G: Work history

### 13. 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 NMBA in relation to your recency of practice and registration history. For more information on your Statement of Service, see *Statement of Service* in the *Information and definitions* section



If your work history has changed since you initially applied for registration, you must attach to your application:

- a Statement of Service from all of your employers from the past five years, and
- a **signed and dated** curriculum vitae that describes your full practice history and any training undertaken.



## SECTION H: Suitability statements

**i** 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](http://www.nursingmidwiferyboard.gov.au/Registration-Standards) for further information.

**14. Do you have any criminal history in Australia?**

**w** 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

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

**15. Do you have any criminal history in one or more countries other than Australia?**

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.**

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

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

Country	Check reference number

**p** You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

**p** You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

**p** 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.

**16. 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?**

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**

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

Country	Check reference number

**p** You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

**p** You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.



**All applicants must demonstrate English language competency via one of the following pathways. The full requirements for each pathway are detailed in the NMBA English language skills registration standard at [www.nursingmidwiferyboard.gov.au/Registration-Standards/English-language-skills](http://www.nursingmidwiferyboard.gov.au/Registration-Standards/English-language-skills).**

**i** Help on how to provide the evidence requirements for each pathway is detailed in the evidence requirements guide available at [www.ahpra.gov.au/EnglishLanguageSkills](http://www.ahpra.gov.au/EnglishLanguageSkills). *Recognised country* means one of the following countries:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

**Primary language pathway**

English is your primary language and:

- you have attended and satisfactorily completed at least six years of primary and secondary education taught and assessed solely in English, in a recognised country including at least two years between years 7–12, and
- your qualification which you are relying on to support your eligibility for registration under the National Law was taught and assessed solely in English in a recognised country.

**Extended education pathway (registered nurses and midwives)**

You must provide evidence that you have successfully completed at least five (5) years (full-time equivalent) continuous education taught and assessed solely in English, in a recognised country, which includes tertiary qualifications in the relevant professional discipline which you are relying on to support your eligibility for registration under the National Law.

**Extended education pathway (enrolled nurses)**

You must provide evidence that you have successfully completed at least five (5) years (full-time equivalent) continuous education taught and assessed solely in English, in a recognised country, which includes vocational qualifications in the relevant professional discipline which you are relying on to support your eligibility for registration under the National Law.

**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 NMBA's *English language skills registration standard*.

**17. Which one of the English language competency pathways do you meet?**

**i** Ahpra may verify the information you provide below. For more information, see *English language skills* in the *Information and definitions* section of this form. 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](http://www.ahpra.gov.au/Education/Approved-Programs-of-Study)

- Primary language pathway (this is a declaration that English is your primary language)**  
Provide details of your primary, secondary, vocational and/or tertiary education in the table below, **then go to question 21**
- Extended education pathway (registered nurse and/or midwife)**  
You must provide details of your secondary, vocational and/or tertiary education (which includes your tertiary qualifications in the relevant professional discipline) in the table below, **then go to question 21**
- Extended education pathway (enrolled nurse)**  
You must provide details of your secondary, vocational and/or tertiary education (which includes your vocational qualifications in the relevant professional discipline) in the table below, **then go to question 21**
- English language test pathway**  
You do not need to complete the table below. **Go to question 18**

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

Timeframe	Level of education	Program name <i>If applicable</i>	Education institution <i>Specify name and address</i>	Recognised country <i>If applicable</i>	Study status
Study commenced: MMYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MMYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MMYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MMYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MMYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MMYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MMYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MMYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				







20. Were your results from the above-mentioned English language tests obtained in the past two years?

YES NO 

In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced:

- 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.

You **must** lodge this application within 12 months of completing the employment and/or program of study.



You **must** attach a certified copy of your English language test results, **and**:

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner in a recognised country (if you are relying on continuous employment over two years in duration, only two years is required), **and/or**
- an academic transcript evidencing that you were enrolled continuously in an NMBA-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

21. Do you commit to having appropriate professional indemnity insurance (PII) arrangements in place for all practice undertaken during the registration period?



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

YES NO 

You must not practise the profession unless you are covered by appropriate PII arrangements in accordance with the requirements of the NMBA.

22. Did you graduate from a bridging program more than two years ago?



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

YES NO 

23. 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://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>

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

YES 

Go to the next question

NO 

Go to question 25

24. 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 

25. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise nursing and/or midwifery?



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

YES NO 

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



26. 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?

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

YES  NO

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

27. 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.

28. Do you hold, or have you previously held, registration in the profession overseas (i.e. outside of Australia)?

YES  NO

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

YES  NO

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

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

YES  NO

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

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

YES  NO

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

## SECTION I: Third party authorisation

**i** If you wish to authorise someone else (a third party) to act on your behalf please complete form AGAF-40. This can be found at [www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms](http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms)  
Please note that authorisation for a third party to act on your behalf only remains valid until a decision is made on your application for registration. Under the *Privacy Act 1988* (Cth), Ahpra is generally not permitted to disclose personal information about an applicant to a third party.



## SECTION J: Obligations and consent



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

### Obligations of registered health practitioners

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

#### Continuing professional development

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

#### Professional indemnity insurance arrangements

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

#### Notice of certain events

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

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

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

#### Employer's details

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

### Consent to nationally coordinated criminal history check

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

I acknowledge that:

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

### Consent

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 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
- 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:

- 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 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

 /  /



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## SECTION K: Payment

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

Your required payment is detailed below:

<b>Application fee:</b>	+	<b>Registration fee:</b>	=	<b>Amount payable:</b>
<b>\$309</b>		<b>\$180</b>		<b>\$489</b>
Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.				

**Overseas assessment fee waived**  
Please note that the overseas assessment fee has been waived for applicants who lodge a new application following the completion of a bridging program.

**Registration period**

The annual registration period for the nursing and midwifery professions is from **1 June to 31 May**.  
If your application is made between **1 April and 31 May this year**, you will be registered until 31 May **next year**.

**Refund rules**

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

**32. How are you paying your fees?**

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

**Mark one box below only**

<input type="checkbox"/> Visa or MasterCard <b>Complete credit/debit card payment slip below</b>	<input type="checkbox"/> Cash/EFTPOS (only available if paying in person)
<input type="checkbox"/> Cheque/Money order/Bank draft	

You **must** attach cheque or money order **payable to the Australian Health Practitioner Regulation Agency**.

On the back of the cheque, money order or bank draft, you **must** write your:

- full name
- date of birth, and
- Ahpra registration number (if you have one).

### Credit/Debit card payment slip – please fill out

<p>Amount payable</p> <div style="border: 1px solid #0070C0; padding: 5px; display: flex; align-items: center;"> <span style="font-size: 24px; margin-right: 10px;">\$</span> <input style="width: 150px; height: 25px;" type="text"/> </div> <p>Visa or MasterCard number</p> <div style="display: flex; gap: 5px;"> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> </div> <p>Expiry date</p> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #0070C0; padding: 2px 5px; width: 20px; text-align: center;">M</div> <div style="border: 1px solid #0070C0; padding: 2px 5px; width: 20px; text-align: center;">M</div> <span style="font-size: 24px; margin: 0 5px;">/</span> <div style="border: 1px solid #0070C0; padding: 2px 5px; width: 20px; text-align: center;">Y</div> <div style="border: 1px solid #0070C0; padding: 2px 5px; width: 20px; text-align: center;">Y</div> </div>	<p>Name on card</p> <div style="border: 1px solid #0070C0; height: 25px; width: 100%;"></div> <p>Cardholder's signature</p> <div style="border: 1px solid #0070C0; padding: 5px; display: flex; align-items: center;"> <span style="font-size: 24px; color: #0070C0; opacity: 0.5;">SIGN HERE</span> </div>
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## SECTION L: Checklist

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

<i>Additional documentation</i>		Attached/ Arranged
<b>Question 2</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 4</b>	A certified copy of a foreign passport	<input type="checkbox"/>
<b>Question 5</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question 11</b>	A certified copy of your bridging program course certificate	<input type="checkbox"/>
<b>Question 12</b>	A new Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
<b>Question 12</b>	A separate sheet with additional registration history	<input type="checkbox"/>
<b>Question 13</b>	An updated Statement of Service from your employer(s) covering the past five years	<input type="checkbox"/>
<b>Question 13</b>	An updated signed and dated curriculum vitae that describes your full practice history and any training undertaken	<input type="checkbox"/>
<b>Question 14</b>	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
<b>Question 15</b>	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 15</b>	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	<input type="checkbox"/>
<b>Questions 15 &amp; 16</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question 16</b>	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 17</b>	A separate sheet with any additional qualification details	<input type="checkbox"/>
<b>Question 17</b>	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
<b>Question 19</b>	Copy of your English language test results	<input type="checkbox"/>
<b>Question 20</b>	Certified copy of your English language test results <b>Not required if you have demonstrated English language competency via the primary language or extended education pathways</b>	<input type="checkbox"/>
<b>Question 20</b>	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 <b>Not required if you have demonstrated English language competency via the primary language or extended education pathways</b>	<input type="checkbox"/>
<b>Question 25</b>	A separate sheet with your impairment details	<input type="checkbox"/>
<b>Question 26</b>	A separate sheet with your disqualification details	<input type="checkbox"/>
<b>Question 27</b>	A separate sheet with details of your conduct, performance or health proceedings in Australia or overseas	<input type="checkbox"/>
<b>Question 29</b>	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
<b>Question 30</b>	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
<b>Question 31</b>	A separate sheet with your previous conditions, undertakings or limitation details	<input type="checkbox"/>
<b>Payment</b>		
	Application fee	<input type="checkbox"/>
	Registration fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name, date of birth and registration number are written on the back	<input type="checkbox"/>

Please post this form with payment and required attachments to:

**Ahpra**  
**GPO Box 9958**  
**IN YOUR CAPITAL CITY** (refer below)

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

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



## Information and definitions

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

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

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

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

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

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

Additional information can be found in the CDNA *Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* available online at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/36D4D796D31081EBCA257BF0001DE6B7/\\$File/nat-guidelines-work-bbv-Oct2019.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/36D4D796D31081EBCA257BF0001DE6B7/$File/nat-guidelines-work-bbv-Oct2019.pdf)

### CERTIFYING DOCUMENTS

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

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

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at [www.ahpra.gov.au/registration/registration-process](http://www.ahpra.gov.au/registration/registration-process)
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit [www.ahpra.gov.au/certify.aspx](http://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.

Outside Australia, the following people are authorised to certify documents:

- Justice of the Peace
- Notary public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955), and

- Employee of the Commonwealth or the Australian Trade Commission who works outside Australia.

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.aspx](http://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)

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](http://www.nursingmidwiferyboard.gov.au/Registration-Standards) and the guidelines at [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines](http://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](http://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](http://www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity) and [www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents](http://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents)



## CURRICULUM VITAE

Your curriculum vitae **must**:

- detail any gaps in your practice history of more than three months from the date you obtained your qualification
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae.

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

## ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence that meets the NMBA's *English language skills registration standard*, which can be found at [www.nursingmidwiferyboard.gov.au/Registration-Standards](http://www.nursingmidwiferyboard.gov.au/Registration-Standards)

## FULL-TIME EQUIVALENT

**Full-time equivalent** represents average hours over a specific period which is equal to that of a full-time employee or student and is defined as 37.5 hours per week.

## INFORMATION ON THE PUBLIC REGISTER

Information in this form marked with an asterisk (\*) 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](http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms)

## IMPAIRMENT

The National Law defines impairment as 'a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that **detrimentially affects or is likely to detrimentially 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.

## 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](http://www.nursingmidwiferyboard.gov.au/Registration-Standards)

## REGENCY 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](http://www.nursingmidwiferyboard.gov.au/Registration-Standards) and the re-entry to practice policy at [www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/reentry-to-practice](http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/reentry-to-practice)

## STATEMENT OF SERVICE

The Statement of Service is required to:

- be on the employer's letterhead
- provide dates of employment
- describe the role in which you were employed, and whether it was full-time/part-time hours, and
- be signed by a manager (e.g. director of nursing, unit manager or HR manager).