



## Application for general registration

Type: For nurses or midwives currently holding provisional registration

Profession: Nursing and Midwifery

Section 77 of the Health Practitioner Regulation National Law (the National Law)

This form is for nurses and midwives currently holding provisional registration who wish to apply for general registration as a nurse or midwife in Australia. It is important that you refer to the Nursing and Midwifery Board of Australia's (NMBA) registration standards, codes and guidelines before completing this application, available at [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au)



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

### Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy). By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

### Symbols in this form



#### Additional information

Provides specific information about a question or section of the form.



#### Attention

Highlights important information about the form.



#### Attach document(s) to this form

Processing cannot occur until all required documents are received.



#### Signature required

Requests appropriate parties to sign the form where indicated.



#### Mail document(s) directly to AHPRA

Requires delivery of documents by an organisation or the applicant.

### Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: **X**
- **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: Registration type

1. What are you applying for registration as?

Mark all options applicable to your application



Registered nurse



Enrolled 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

Family name\*

First given name\*

Middle name(s)\*

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

Date of birth



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 is your registration number?**

AHPRA registration number

N M W

**4. What are your birth and personal details?**

Birth details are required to enable the NMBA to check your criminal history.

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**

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.

**5. 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

**6. What is your residential address?**

When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (\*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.  
Residential address **cannot** be a PO Box.

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)



**7. 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*

- i** 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\***

**8. 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 D: Qualification for the profession



**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.



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 and examinations or assessments accepted under point (c) above.

**If you are applying for registration as a nurse and midwife you are required to provide documentation for both professions.**

**9. Have you completed an approved re-entry to practice program?**

YES

NO  **Go to question 10**

**Documents to be sent to AHPRA – then go to Section E: Suitability statements**



The education provider of your re-entry to practice program will send evidence of your completion to AHPRA.

**10. Have you completed an approved supervised practice program?**

YES



You **must** attach an original summative report from your supervisor.

NO



**If you have not successfully completed the required program stipulated by the NMBA, you are not eligible for general registration.**

## SECTION E: 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](http://www.nursingmidwiferyboard.gov.au/Registration-Standards) for further information.

**Preceding period of registration** refers to the period of time between the first and last day of your **current** registration.

**11. 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



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.



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

NO  **Go to the next question**

YES

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

**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 |
|---------|------------------------|
|         |                        |
|         |                        |
|         |                        |

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.

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

**i** 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.

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

**i** 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.

**15. 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.

**16. 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.

**17. 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.



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



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

YES

NO



You must attach to this application details of any disqualifications.

19. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?

YES

NO



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

## SECTION F: Authorisation of surrender of registration



If your application is not granted, your provisional registration will not be surrendered.

I declare that I:

- have read and understood the information under *Surrender of registration* in the *Information and definitions* section of this form, and
- wish to surrender my current provisional registration, under section 137 of the National Law, when my general registration is granted.

Name of applicant

Date

 /  / 

Signature of applicant

 SIGN HERE



## SECTION G: 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 NMBA 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 NMBA,
- 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 NMBA 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 NMBA 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, and
- (if relevant) any registration currently held by me that is not compatible with the registration type I am applying for, to be surrendered when the registration type I am applying for is granted.

I acknowledge that:

- the NMBA 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 NMBA 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 NMBA to refuse registration.

Signature of applicant



SIGN HERE

Name of applicant

Date

 /  /




## SECTION H: Payment

 You are required to pay a registration fee.


Your required payment is detailed below:

|   |   |  |
|---|---|--|
| <div style="background-color: #0070C0; color: white; padding: 5px; font-weight: bold;">Registration fee:</div> <div style="font-size: 24px; font-weight: bold; margin-top: 10px;">\$175</div> | = | <div style="background-color: #C00000; color: white; padding: 5px; font-weight: bold;">Amount payable:</div> <div style="font-size: 24px; font-weight: bold; margin-top: 10px;">\$175</div> <div style="font-size: 12px; margin-top: 5px;">Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.</div> |
|---|---|--|

 **Registration period**  
 The annual registration period for the nursing and midwifery profession 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 registration fee will be refunded if the application is not approved.


**21. 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 checked="" type="checkbox"/> Visa or MasterCard<br><b>Complete credit/debit card payment slip below</b> | <input checked="" type="checkbox"/> Cash/EFTPOS<br>(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 #ADD8E6; padding: 5px; font-size: 24px; margin-bottom: 10px;">\$</div> <p>Visa or MasterCard number</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px;"></div> </div> <p>Expiry date</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid #ADD8E6; width: 10px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid #ADD8E6; width: 20px; height: 20px; text-align: center;">Y</div> </div> | <p>Name on card</p> <div style="border: 1px solid #ADD8E6; height: 20px; margin-bottom: 10px;"></div> <p>Cardholder's signature</p> <div style="border: 1px solid #ADD8E6; padding: 10px; margin-top: 10px;">  <span style="font-size: 24px; color: #ADD8E6; font-weight: bold;">SIGN HERE</span> </div> |
|---|---|





## SECTION I: Checklist

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

| <i>Additional documentation</i> |   | Attached                 |
|---------------------------------|---|--------------------------|
| <b>Question 2</b>               | Evidence of a change of name  | <input type="checkbox"/> |
| <b>Question 9</b>               | Evidence of your completion of an approved re-entry to practice program has been arranged with your education provider                        | <input type="checkbox"/> |
| <b>Question 10</b>              | An original summative report from your supervisor   | <input type="checkbox"/> |
| <b>Question 11</b>              | A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances | <input type="checkbox"/> |
| <b>Question 12</b>              | A separate sheet of overseas countries and corresponding ICHC reference number  | <input type="checkbox"/> |
| <b>Question 12</b>              | ICHC reference page provided by the approved vendor   | <input type="checkbox"/> |
| <b>Question 12</b>              | A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances     | <input type="checkbox"/> |
| <b>Question 14</b>              | A separate sheet with your impairment details   | <input type="checkbox"/> |
| <b>Question 15</b>              | A separate sheet with your suspension or cancellation details   | <input type="checkbox"/> |
| <b>Question 16</b>              | A separate sheet with your cancellation, refusal or suspension details  | <input type="checkbox"/> |
| <b>Question 17</b>              | A separate sheet with your conditions, undertakings or limitations details  | <input type="checkbox"/> |
| <b>Question 18</b>              | A separate sheet with your disqualification details   | <input type="checkbox"/> |
| <b>Question 19</b>              | A separate sheet with your conduct, performance or health proceedings   | <input type="checkbox"/> |
| <b>Payment</b>                  |   |                          |
|                                 | Registration fee  | <input type="checkbox"/> |
|                                 | If paying by cheque/money order/bank draft, your name and registration number are written on the back   | <input type="checkbox"/> |

Please post this form with payment and required attachments to:

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

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

Sydney NSW 2001  
 Adelaide SA 5001

Canberra ACT 2601  
 Perth WA 6001

Melbourne VIC 3001  
 Hobart TAS 7001

Brisbane QLD 4001  
 Darwin NT 0801



## Information and definitions

### CERTIFYING DOCUMENTS

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

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

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at [www.ahpra.gov.au/registration/registration-process](http://www.ahpra.gov.au/registration/registration-process)
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit [www.ahpra.gov.au/certify](http://www.ahpra.gov.au/certify)
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, AHPRA's guidelines for certifying documents can be found online at [www.ahpra.gov.au/certify](http://www.ahpra.gov.au/certify)

### CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation 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)

You are required to participate in a minimum of 20 hours of CPD annually, per profession, relevant to your context of practice. Additional requirements apply if you have an endorsement for scheduled medicines or as a nurse practitioner. 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
- Every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made.

The 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. 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)

### 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

**Impairment** means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that **detrimentally affects or is likely to detrimentally affect your capacity to practise the profession**. The National Law requires you to declare any such impairments at the time of initial registration and renewal, including details of the impairment and how it is managed.

### PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

### PROFESSIONAL INDEMNITY INSURANCE (PII)

You must not practise the profession unless you are covered by appropriate PII arrangements in accordance with the requirements of the NMBA. You may be covered by your own private cover, your Australian employer's cover or another third party such as insurance gained through membership of a professional or industrial organisation. You are accountable for ensuring that you have PII cover in place and for understanding the nature of that cover.

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

**Recency of practice** means that a health practitioner has maintained an adequate connection with, and recent practice in the profession since qualifying for, or obtaining registration. 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)

### SURRENDERING OF REGISTRATION

If your application for general registration is granted, you will no longer be required to hold provisional registration.

Under section 137 of the National Law, a practitioner may surrender their registration by notifying the Board. You can notify the Board by completing *Section F: Authorisation of surrender of registration* of this form.