



# Application for general registration

## Profession: Pharmacy

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

This form is for individuals applying for general registration as a pharmacist in Australia.

If you are applying for general registration as a pharmacist and currently hold provisional or limited registration, please use the form *Application for general registration for pharmacists currently holding provisional or limited registration – APGR-60*.

It is important that you refer to the Pharmacy Board of Australia's (the Board) registration standards, codes and guidelines when completing this application. Registration standards, codes and guidelines can be found at [www.pharmacyboard.gov.au](http://www.pharmacyboard.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: Personal details



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

### 1. What is your name and date of birth?

Title\*

MR ☐

MRS ☐

MISS ☐

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



## 2. What are your birth and personal details?

**Country of birth**

**City/Suburb/Town of birth**

**State/Territory of birth (if within Australia)**

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

**Sex\***

MALE ☐ FEMALE ☐ INTERSEX / INDETERMINATE ☐

**Languages spoken fluently other than English (optional)\***

## SECTION B: 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.

## 3. 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 C: Contact information



You **must** attach a certified copy of a foreign passport (an EU card is not acceptable).

Your certified copy **must** include:

- a certified copy of the identity information page (the photo page), and
- 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.

## 4. 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.



- 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.

Provide your current contact details below – place an ☒ next to your preferred contact phone numbers.

|  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  | X |
|--|--|--|--|--|--|--|--|---|

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[illegible]

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|  |
|--|



- 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.

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

[illegible][illegible][illegible][illegible][illegible]

The information items marked with an asterisk (\*) will appear on the public register.

YES ☐

NO ☐ Provide your Australian principal place of practice below

[illegible][illegible][illegible]

|  |  |  |
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|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

☐ My residential address

☐ My principal place of practice

☐ Other (***Provide your mailing address below***)

[illegible]

 If you currently hold provisional or limited registration, please use the form *Application for general registration for pharmacists currently holding provisional or limited registration – APGR-60*.

YES ☒ NO ☐

Date written examination passed

DD / MM / YYYY


\_\_\_\_\_



- an intern training program, and
- 1,824 hours of approved supervised practice (see the form *SPWR-60 – Statutory declaration of weekly record of supervised practice hours*).



## 10. What are the details of your qualifications and examinations/assessments?

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

### Most recent qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date

 / 

Completion date

 / 


You **must** attach a certified copy of **all** of your academic qualifications and examinations/assessments mentioned within this form.

### Additional qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date

 / 

Completion date

 / 


You **must** attach a certified copy of **all** of your academic qualifications and examinations/assessments mentioned within this form.



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

## SECTION E: Registration history

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

 If you have been registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing from **every** jurisdiction outside of Australia in which you are currently, or have previously been, registered as a health practitioner **during the past five years**.

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

### Most recent registration

State/Territory/Country

Profession

Period of registration

 /  /  to  /  / 

### Additional registration

State/Territory/Country

Profession

Period of registration

 /  /  to  /  /

DD / MM / YYYY to DD / MM / YYYY



YES 

NO ☐



NO 

YES 

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

| Country | Check reference number |
|---------|------------------------|
|         |                        |
|         |                        |
|         |                        |



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15. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?

**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).

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

| 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.

16. Have you previously been registered as a pharmacist in Australia?

**i** All applicants for **initial registration**, which includes all applicants who have not used English as their **primary language** for a period of greater than five years (as at date of application), must demonstrate they meet the *English language skills registration standard*.

YES ☐ Go to the next question

NO ☐ Go to question 19

17. Did you demonstrate that you met the Board's English language skills registration standard when you were granted initial registration as a pharmacist in Australia?

YES ☐ Go to the next question

NO ☐ Go to question 19

18. Have you used English as your primary language within the past five years?

**i** All applicants for **initial registration**, which includes all applicants who have not used English as their **primary language** for a period of greater than five years (as at date of application), must demonstrate they meet the *English language skills registration standard*.

YES ☐ I declare I have used English as my primary language within the past five years.  
Go to question 23

NO ☐ Go to the next question



### All applicants must demonstrate English language competency via one of the following pathways:

- An evidence requirements guide is available at [www.ahpra.gov.au/EnglishLanguageSkills](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.

#### Combined secondary and tertiary education pathway

You have undertaken and satisfactorily completed:

- at least two years of secondary education that was taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English in a recognised country.

#### Extended education pathway

You have undertaken and satisfactorily completed at least six years' (full time equivalent) continuous education taught and assessed solely in English, in any of the recognised countries, which includes tertiary qualifications in the profession on which you are relying to support your eligibility for registration under the National Law.

#### Primary language pathway

*With overseas qualification in a non-recognised country*

- English is your primary language and you have undertaken and satisfactorily completed:
- all of your primary and secondary education taught and assessed solely in English in a recognised country, **and**
  - tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

#### English language test pathway

You have achieved the required minimum scores in one of the approved English language tests and meet the requirements for test results specified in the Board's *Registration standard: English language skills*.

### 19. Which one of the English language competency pathways do you meet?

AHPRA may verify the information you provide below.

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

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)

Combined secondary and tertiary education pathway

☐ **Provide details of secondary and tertiary education in the table below, then go to question 23**

Extended education pathway

☐ **Provide details of secondary, vocational and tertiary education in the table below, then go to question 23**

Primary language pathway

☐ This is a declaration that English is your primary language  
**Provide details of primary, secondary and tertiary education in the table below, then go to question 23**

English language test pathway ☐ **Go to question 20**

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

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



Please attach a separate sheet with any additional details that do not fit in the space provided above.

If a qualification specified above was relied on for registration and is **not** an approved program of study, you **must** provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English.

If the transcript does not confirm that the course was taught and assessed solely in English, you **must** arrange for a letter in the required form to be provided directly to AHPRA by the education provider confirming that the course was taught and assessed solely in English.

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

In certain circumstances, you can use English language test results from a maximum of two test sittings in a **six month period**. For more information, refer to the Board's *Registration standard: English language skills*.

One sitting ☐ **Provide date of test below, then go to the next question and complete details for one sitting**

Two sittings ☐ **Provide dates below, then go to the next question and complete details for both sittings**

Sitting one DD / MM / YYYY

Sitting two DD / MM / YYYY

***Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results.***

☐
**International English Language Test System (IELTS) Academic module**

Test report form number – sitting one:

The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

☐
**Occupational English Test (OET)**

Candidate number – sitting one:

The Board requires the OET with a minimum score of B or 350 in each of the four components (listening, reading, writing and speaking).

☐
**Pearson Test of English Academic (PTE Academic)**

Registration ID – sitting one:

The Board requires the PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

☐
**Test of English as a Foreign Language internet-based test (TOEFL iBT)**

Registration number – sitting one:

The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.

☐
**International English Language Test System (IELTS) Academic module**

Test report form number – sitting two (if applicable):

The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

☐
**Occupational English Test (OET)**

Candidate number – sitting two (if applicable):

The Board requires the OET with a minimum score of B or 350 in each of the four components (listening, reading, writing and speaking).

☐
**Pearson Test of English Academic (PTE Academic)**

Registration ID – sitting two (if applicable):

The Board requires the PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

☐
**Test of English as a Foreign Language internet-based test (TOEFL iBT)**

Registration number – sitting two (if applicable):

The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.

If your English language test(s) were completed within the past two years, you **must** provide a copy of your test results, including the reference number(s), so that AHPRA can verify your results.

If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.

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.



- 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 a period of continuous employment of greater than two years duration, only the last two years must be evidenced in the letter), **and/or**
- an academic transcript evidencing that you were enrolled continuously in a Board-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.



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

YES ☐

NO ☐



To meet the Board's *Registration standard: Recency of practice*, you are required to have practised more than 450 hours within the previous three years or 150 hours within the previous 12 months in Australia or New Zealand in your intended scope of practice. If you are unable to demonstrate recency of practice, you will be required to provide information to help the Board decide whether you are able to practise. For more information, see *Recency of practice* in the *Information and definitions* section of this form.

YES ☐

NO ☐



- when you last practised in Australia or New Zealand
- your intended and/or previous scope(s) of practice as a pharmacist in Australia, New Zealand and/or in another jurisdiction
- your detailed practice history, and
- activities carried out since you last practised as a pharmacist, including any continuing professional development you may have done.



**25. Do you meet the Board's continuing professional development requirements?**



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

YES ☒ Yes, I have completed 40 CPD credits during the previous 12 months.

NO ☐

**Provide details of any CPD you have undertaken and why the CPD requirements have not been met**



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

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



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

YES ☐

NO ☒



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

**27. 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.

**28. 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.

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

YES ☐

NO ☒



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

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



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

YES ☐

NO ☒



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

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

YES ☐

NO ☒



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



## SECTION H: 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, and
- AHPRA uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable AHPRA to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

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

I understand that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

I understand AHPRA may:

- disclose the date my registration is to commence and future registration details; and
- verify the accuracy of my registration details including my date of birth and address to entities (such as prospective employers) who disclose that information to AHPRA for the purpose of confirming my identity.

AHPRA will only do this where the entity seeking the information or verification has given a legal undertaking they have obtained my consent to these disclosures and this verification.

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

/  /



***This page has been intentionally left blank.***



## SECTION I: Payment



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

Your required payment is detailed below:

| Application fee: |   | Registration fee:                    |              | Amount payable:   |
|------------------|---|--------------------------------------|--------------|---|
| <b>\$204</b>     | + | <b>\$ INSERT FEE</b>                 | =            | <b>\$ INSERT FEE</b>  |
|                  |   | Registration fee                     | <b>\$408</b> |   |
|                  |   | Registration fee for NSW registrants | <b>\$478</b> |   |
|                  |   |                                      |              | Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application. |



### Registration period

The annual registration period for the pharmacy profession is from **1 December to 30 November**.

If your application is made between **1 October and 30 November this year**, you will be registered until 30 November **next year**.

### Refund rules

The 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



Visa or MasterCard

**Complete credit/debit card payment slip below**



Cash/EFTPOS

(only available if paying in person)



Cheque/Money order/Bank draft



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



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

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

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

Amount payable

\$

Visa or MasterCard number

Expiry date

 / 

Name on card

Cardholder's signature



SIGN HERE



## SECTION J: Checklist

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

| Additional documentation |  | Attached                 |
|--------------------------|--|--------------------------|
| Question 1               | Evidence of a change of name   | <input type="checkbox"/> |
| Question 3               | A certified copy of a foreign passport   | <input type="checkbox"/> |
| Question 4               | Certified copies of all documents that provide sufficient evidence of your identity  | <input type="checkbox"/> |
| Question 9               | Evidence of an intern training program and hours of approved supervised practice   | <input type="checkbox"/> |
| Question 10              | Certified copies of <b>all</b> of your relevant qualifications approved or considered to be equivalent by the Board  | <input type="checkbox"/> |
| Question 10              | A separate sheet with additional qualification details   | <input type="checkbox"/> |
| Question 11              | Certificate of Registration status or Certificate of Good Standing has been requested from relevant authority  | <input type="checkbox"/> |
| Question 11              | A separate sheet with additional registration details  | <input type="checkbox"/> |
| Question 12              | Your curriculum vitae  | <input type="checkbox"/> |
| Question 13              | A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances  | <input type="checkbox"/> |
| Question 14              | A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number  | <input type="checkbox"/> |
| Question 14              | A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances  | <input type="checkbox"/> |
| Questions 14 & 15        | ICHC reference page provided by the approved vendor  | <input type="checkbox"/> |
| Question 15              | A separate sheet of additional overseas countries lived in and corresponding ICHC reference number   | <input type="checkbox"/> |
| Question 19              | A separate sheet with any additional qualification details   | <input type="checkbox"/> |
| Question 19              | Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English  | <input type="checkbox"/> |
| Question 21              | Copy of your English language test results   | <input type="checkbox"/> |
| Question 22              | Certified copy of your English language test results   | <input type="checkbox"/> |
| Question 22              | 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 | <input type="checkbox"/> |
| Question 24              | Details of when you last practised in Australia or New Zealand   | <input type="checkbox"/> |
| Question 24              | Details of your intended and/or previous scope(s) of practice as a pharmacist in Australia, New Zealand and/or another jurisdiction  | <input type="checkbox"/> |
| Question 24              | Your detailed practice history   | <input type="checkbox"/> |
| Question 24              | Details of activities you have carried out since you last practised as a pharmacist, including any CPD you may have done   | <input type="checkbox"/> |
| Question 25              | A separate sheet with details of CPD you have undertaken and why the CPD requirements have not been met  | <input type="checkbox"/> |
| Question 26              | A separate sheet with your impairment details  | <input type="checkbox"/> |
| Question 27              | A separate sheet with your current suspension or cancellation details  | <input type="checkbox"/> |
| Question 28              | A separate sheet with your cancellation, refusal or suspension details   | <input type="checkbox"/> |
| Question 29              | A separate sheet with your previous conditions, undertakings or limitation details   | <input type="checkbox"/> |
| Question 30              | A separate sheet with your disqualification details  | <input type="checkbox"/> |
| Question 31              | A separate sheet with your conduct, performance or health proceedings  | <input type="checkbox"/> |
| Payment                  |  |                          |
|                          | Application fee  | <input type="checkbox"/> |
|                          | 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 any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted)
- Deed poll
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

### CONTINUING PROFESSIONAL DEVELOPMENT

A registered pharmacist must undertake the continuing professional development (CPD) required by the Board's *Registration standard: Continuing professional development*. Failure to do so may constitute behaviour for which health, conduct or performance action may be taken.

Registered pharmacists are required to complete 40 CPD credits for the 12 month period ending 30 September.

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

### CRIMINAL HISTORY

**Criminal history** includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

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

The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession.

You are not required to obtain or provide your Australian criminal history report, AHPRA will obtain this check on your behalf. You may be required to obtain international criminal history reports.

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

### 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 (no faxes or scanned copies will be accepted).

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

### ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence of English language skills that meet the Board's *Registration standard: English language skills* which can be found at

[www.pharmacyboard.gov.au/Registration-Standards](http://www.pharmacyboard.gov.au/Registration-Standards)

### IMPAIRMENT

**Impairment** means 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**. The National Law requires you to declare any such impairments at the time of renewal, including details of the impairment and how it is managed.

### PRACTICE

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes 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 have PII that complies with the Board's standard. Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of your practice. You may be covered by your Australian employer's PII - you will need to confirm this with your employer.

A policy must include an approved level of cover of not less than \$20 million for any single claim (i.e. for each claim), or for all claims in the aggregate, that may be made against the pharmacist. When you decide to cease practice, you must take out appropriate run-off cover for matters that would otherwise be uncovered arising from previous practice as a registered pharmacist.

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

### REGENCY OF PRACTICE

You are required to maintain regular practice experience as part of the process of maintaining competence to practise and providing services to the public.

To meet the recency of practice standard, you are required to have practised regularly and within the previous three years in your intended scope of practice. If you are unable to demonstrate recency of practice (more than 450 hours within the previous three years or 150 hours in the previous 12 months in Australia in your intended scope of practice), or are changing your scope of practice, you will be required to demonstrate to the Board that you are competent to practise.

In such circumstances, the Board will determine on an individual basis whether a period of supervised practice, education program and assessment and/or examination is to be undertaken by the applicant depending on:

- when the applicant last practised in Australia or New Zealand
- the intended and/or previous scope(s) of practice as a pharmacist in Australia, New Zealand and/or in another jurisdiction
- the detailed practice history of the applicant, and
- activities carried out since the applicant last practised as a pharmacist, including any continuing professional development undertaken.

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