



Fast track application for general registration

Profession: Pharmacy

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

The Pharmacy Board of Australia (the Board) has decided on a fast track application process for practitioners who:

- previously held general registration as a pharmacist in Australia
- did not apply for renewal of registration within one month of the 30 November 2023 expiry date (i.e. before 31 December 2023), and
- are now applying for registration between 1 and 31 January 2024.

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

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

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



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



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

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

Privacy and confidentiality

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

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 <https://www.ahpra.gov.au/About-Ahpra/Privacy.aspx>

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.

Completing this form


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



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



SECTION A: Personal details

 The information items in this section of the application that are 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)*

3. List the details of your recently expired registration under the National Law:

Expiry date of registration
 / /

Registration number*

4. Have you practised the profession in Australia since 31 December 2023?

YES ☒ NO ☐

Last date that you practiced
 / /



SECTION B: Contact information



Once registered, you can change your contact information at any time. Please go to **www.ahpra.gov.au** and

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

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. Will the address of your principal place of practice be the same as your residential address?



Principal place of practice for a registered health practitioner is:

- the address at which you will predominantly practise the profession; or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

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

YES ☒

NO ☒ **Provide your Australian principal place of practice below**

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


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

City/Suburb/Town*

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

Postcode*

8. What is your mailing address?

 Your mailing address is used for postal correspondence

- ☐ My residential address
- ☐ My principal place of practice
- ☐ Other *(Provide your mailing address below)*

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

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

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

Postcode/ZIP

Country (if other than Australia)


SECTION C: Suitability statements



Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to www.pharmacyboard.gov.au/Registration-Standards for further information.

9. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?



It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section of this form

YES ☐ NO ☒ [Go to the next question](#)



You **must** attach:


- a signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances, and
- supply proof of your identity.

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

- At **least one** document must be in the applicant's current name.
- Your category B document **must** have a recent photo.
- All documents must be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.
- If using your passport, a certified copy of the identity information page (the photo page) must be provided.
- All documents must be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

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

Documents	Category used:			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"/>	Category D documents			
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.



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



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

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

NO ☐ Go to the next question

YES ☐ You are required to:

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

Country	Check reference number



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



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



You **must** attach a signed and dated written statement with details of any change to your criminal history in each of the countries listed and an explanation of the circumstances.

11. In the previous registration period, did you meet the Board's registration standard for professional indemnity insurance arrangements?



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

YES ☐

NO ☐

Provide details of your circumstances



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

12. Do you commit to meet the Board's registration standard for professional indemnity insurance arrangements?



When practising, you must have appropriate professional indemnity arrangements in place that meet the Board's standard.

For more information, see *Professional Indemnity Insurance* in *Information and definitions* on page two of this form.

YES ☐

NO ☐

Provide details of your circumstances



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

13. Did you complete the requirements for initial general registration in Australia less than three years ago?

YES ☐ Go to question 15

NO ☐ Go to the next question



14. Do you meet the Board's recency of practice requirements?



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 ☒



You **must** attach:

- 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.

15. During your preceding period of registration, did you plan your continuing professional development (CPD) in relation to your scope of practice, as required in the Board's CPD standard?



For more information, see *Continuing Professional Development* in *Information and definitions* on page two of this form.

YES ☐

NO ☐

16. During your preceding period of registration, did you complete 40 CPD credits for the 12 month period ending 30 September, as required in the Board's CPD standard?

YES ☐

NO ☒



For more information, see *Continuing Professional Development* in *Information and definitions* on page two of this form.

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.

17. 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.

18. 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.

19. 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.

20. 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.



21. 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.

22. 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.

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

YES ☒

NO ☐

Provide details of the withdrawal or restriction of the right to practise



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

24. During your preceding period of registration, have your billing privileges been withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of your conduct, professional performance or health?

YES ☒

NO ☐

Provide details of the withdrawal or restriction of your billing privileges



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

25. Have you previously disclosed to Ahpra all known complaints made about you to:

- a registration authority; or
- another entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners (in Australia or elsewhere)?



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

N/A ☒

I am not aware of any complaints

YES ☒

I have already disclosed all known complaints

NO ☐

I do need to declare a complaint



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



SECTION D: Obligations, consent and declaration



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 consent to Ahpra and the National Board, at any time during the next 12 months, obtaining a written report about my criminal history through a nationally coordinated criminal history check. I acknowledge that:

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- 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 National Board
- my personal information currently held by Ahpra and from this form will be 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 and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about my criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that I provide when requested at any time during the next 12 months, as evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:
 - a) checking a statement made by me in this application for renewal,
 - b) an audit carried out by the National Board,
 - c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or
 - d) considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

Declaration

I **declare** that:

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

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I **confirm** that if I advertise any of my services or my business, the advertising* complies with section 133 of the National Law and the National Board's Advertising Guidelines as it:

- Is not false, misleading or deceptive or likely to be misleading or deceptive
- does not offer a gift, discount or other inducement without stating the terms and conditions of the offer
- does not use testimonials or purported testimonials about the service or business
- does not create an unreasonable expectation of beneficial treatment, and
- does not directly or indirectly encourage the indiscriminate or unnecessary use of my services.

*For information about advertising obligations please see the advertising resources page on:

<https://www.ahpra.gov.au/Publications/Advertising-hub.aspx>

I **acknowledge** that:

- the National Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application for renewal of registration 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 for renewal of registration will be sent to me electronically to me via my nominated email address
- Ahpra uses overseas cloud service providers to hold, process, and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I **undertake** to comply with the all relevant legislation and National 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.

Signature of applicant



SIGN HERE

Name of applicant

Date

 / /

SECTION E: Payment

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

Application fee:

\$60

+

Registration fee:

\$ INSERT FEE


Registration fee	\$452
Registration fee for NSW registrants	\$543

=

Amount payable:

\$ INSERT FEE

Applicants **must** 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.
- Refund rules

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

26. Please complete the credit/debit card payment slip below.

Credit/Debit card payment slip – please fill out

Amount payable

\$

Visa or Mastercard number

Expiry date

M

M


/

Y

Y

Name on card

Cardholder's signature



SIGN HERE



SECTION F: Checklist

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

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 9	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 9	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Question 10	A separate sheet of overseas countries and corresponding ICHC reference number	<input type="checkbox"/>
Question 10	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question 10	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"/>
Question 11	A separate sheet with details of why you have not met PII requirements	<input type="checkbox"/>
Question 12	A separate sheet with details of why you do not commit to practise the profession in Australia in accordance with the requirements of the Board's <i>PII arrangements registration standard</i>	<input type="checkbox"/>
Question 14	Details of when you last practised in Australia or New Zealand	<input type="checkbox"/>
Question 14	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 14	Your detailed practice history	<input type="checkbox"/>
Question 14	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 16	A separate sheet with details of CPD you have undertaken and why the CPD requirements have not been met	<input type="checkbox"/>
Question 17	A separate sheet with your impairment details	<input type="checkbox"/>
Question 18	A separate sheet with your suspension or cancellation details	<input type="checkbox"/>
Question 19	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
Question 20	A separate sheet with your conditions, undertakings or limitations details	<input type="checkbox"/>
Question 21	A separate sheet with your disqualification details	<input type="checkbox"/>
Question 22	A separate sheet with your conduct performance or health proceedings details	<input type="checkbox"/>
Question 23	A separate sheet with details of the withdrawal or restriction of the right to practise	<input type="checkbox"/>
Question 24	A separate sheet with details of the withdrawal or restriction of your billing privileges	<input type="checkbox"/>
Question 25	A separate sheet with support papers detailing any complaints made	<input type="checkbox"/>
<i>Payment</i>		
	Application fee	<input type="checkbox"/>
	Registration fee	<input type="checkbox"/>

Please submit this form with payment and required attachments to:



The fastest way to submit this form and any supporting documents is online at www.ahpra.gov.au/registration/online-upload. If you wish to submit via mail, please post this form with payment and required attachments to:

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

You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

Adelaide SA 5001
 Hobart TAS 7001

Brisbane QLD 4001
 Melbourne VIC 3001

Canberra ACT 2601
 Perth WA 6001

Darwin NT 0801
 Sydney NSW 2001



Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

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

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

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. Any documents containing a photograph must be annotated with the statement 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'

For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify

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
- Deed poll
- Change of name certificate.

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

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

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

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 your criminal history is relevant to the practice of your profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. But if you have not given us certified proof of identity documents since October 2019, you will need to do this first.

Any document containing a photograph must be annotated with the statement 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'

You may be required to obtain international criminal history reports.

For more information, view the full registration standard online at

www.pharmacyboard.gov.au/Registration-Standards

and the requirements for supplying proof of identity and certified documents at www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity and www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents

IMPAIRMENT

The National Law defines impairment as 'a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession'.

An illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples you do not need to tell us about include:

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

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 cannot practise as pharmacist in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard.

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

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

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