Pharmacy Board Ahpra

Application for provisional registration and supervised practice

Profession: **Pharmacy**

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

This form is to be used by:

- graduates of a substantially equivalent program of study in New Zealand who wish to complete the intern requirements in Australia, **or**
- overseas qualified pharmacists from countries other than New Zealand who have passed Australian Pharmacy Council *Knowledge Assessment of Pharmaceutical Sciences* (KAPS) examination, **and**
- applying to undertake a Pharmacy Board of Australia (the Board) approved period of supervised practice in order to be eligible for general registration.

If you are a **graduate** of a *Board Approved program of study*, you should complete your application online. This is available on Ahpra's website **www.ahpra.gov.au/Registration/Graduate-Applications**.

Before the period of supervised practice may be commenced, it must be approved by the Board. Any supervised practice undertaken without Board approval will not count towards your eligibility for general registration. **Before any approved supervised practice is undertaken**, either Part B of this application or the *AASP-60 – Application for approval of supervised practice* form **must** be lodged with and approved by the Board.

If you have **already arranged** a supervised practice placement, complete Parts A, B and C of this form.

If you have **not yet arranged** a supervised practice placement, complete Parts A and C of this form. Once you have arranged a supervised practice placement, you must complete the form *AASP-60 – Application for approval of supervised practice* form which can be found at **www.pharmacyboard.gov.au**

It is important that you refer to the Board's registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at **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**.

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

Symbols in this form

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

Attention
Highlights important information about the form.

Attach document(s) to this form
Processing cannot occur until all required documents are received.

Signature required
Requests appropriate parties to sign the form where indicated.

Mail document(s) directly to Ahpra
Requires delivery of documents by an organisation or the applicant.

Completing this form

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

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

PART A – Provisional registration application

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 SPECIFY

Family name*

First given name*

Middle name(s)*

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

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

If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the 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

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**.
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?

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** for further information.

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

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** for further information.

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

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** for further information.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

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

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

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

SECTION C: 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?

YES ☐ NO ☐ ***Provide your Australian principal place of practice below***

Principal place of practice for a registered health practitioner is:

- the address at which you 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.

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 D: Qualification and eligibility for provisional registration

Registration as a provisional pharmacist is dependent on the Board being satisfied that the applicant is entitled to complete a period of supervised practice required to be eligible for general registration. You **must**:

- have completed a qualification in pharmacy
- have passed the Knowledge Assessment of Pharmaceutical Sciences (KAPS) examination conducted by the Australian Pharmacy Council (overseas qualified pharmacists from countries other than New Zealand)
- meet the mandatory *Registration standard: Supervised practice arrangements*, and
- be eligible in accordance with section 62 of the National Law.

9. 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.

Primary qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

You **must** attach certified copies of **all** of your academic qualifications and examinations/assessments mentioned in this form.

Additional qualification and examinations/assessments

Title of qualification/examination/assessment

Name of institution (University/College/Examining body)

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

Additional qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date MM / YYYY

Completion date MM / YYYY

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

SECTION E: Registration history

10. 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 in which you are currently, or have previously been, registered as a health practitioner (including international registrations) **during the last 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 DD / MM / YYYY to DD / MM / YYYY

Additional registration

State/Territory/Country

Profession

Period of registration DD / MM / YYYY to DD / MM / YYYY

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

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

SECTION F: Work history

11. What is your full practice history?

It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history.

You **must** attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.

SECTION G: 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.

12. Do you have any criminal history in Australia?

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

YES ☐ NO ☐

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

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

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 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 your criminal history in each of the countries listed and an explanation of the circumstances.

14. 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?

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***

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.

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**. *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*.

15. 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**

Combined secondary and tertiary education pathway ☐ ▶ ***Provide details of secondary and tertiary education in the table below, then go to question 19***

Extended education pathway ☐ ▶ ***Provide details of secondary, vocational and tertiary education in the table below, then go to question 19***

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 19

English language test pathway ☐ ▶ ***Go to question 16***

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

Timeframe	Level of education	Program name *If applicable*	Education institution *Specify name and address*	Recognised country *If applicable*	Study status
Study commenced: M M Y Y Y Y Study completed: M M Y Y Y Y	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time
Study commenced: M M Y Y Y Y Study completed: M M Y Y Y Y	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time
Study commenced: M M Y Y Y Y Study completed: M M Y Y Y Y	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time

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.

16. 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 D D / M M / Y Y Y Y Sitting two D D / M M / Y Y Y Y

17. Which of these English language tests have you successfully completed?

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: A

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

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: - -

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 one:

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 one:

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.

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

YES ☐ NO ☐

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

- continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice, **and/or**
- continuous enrolment in an approved program of study.

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

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

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner in a recognised country (if you are relying on 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.

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

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 ☐

20. 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.

21. 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.

22. 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.

23. 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.

24. 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.

25. 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, 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 by 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 Adverting 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

D D / M M / Y Y Y Y

26. Are you a graduate of a Board Approved program of study?

YES ☒ ▶ You need to complete your application online. This is available on Ahpra's website **www.ahpra.gov.au/Registration/Graduate-Applications.**

NO ☒ ▶ ***Go to the next question***

27. Have you arranged a supervised practice placement?

YES ☒ ▶ You are required to complete Part B and provide your supervised practice placement arrangements with this application. ***Go to Part B – Supervised practice approval***

NO ☒ ▶ ***Please read the information below, then go to Part C – Payment and checklist***

Once you have arranged a supervised practice placement, you must complete the form *Application for approval of supervised practice – AASP-60* which can be found at **www.pharmacyboard.gov.au.**

PART B – Supervised practice approval

SECTION I: Supervised practice details

28. Why are you undertaking supervised practice?

Choose appropriate option

☒ I am an overseas qualified pharmacist who has successfully completed the Knowledge Assessment of Overseas Pharmacists conducted by the Australian Pharmacy Council, and am required to undertake a period of supervised practice.

☒ Other ***(Provide details below)***

Attach a separate sheet if all your reasons for undertaking supervised practice does not fit in the space provided.

29. How many hours of supervised practice are you seeking approval for?

Hours

SPECIFY

30. What is the proposed commencement date of supervised practice under this application?

Supervised practice may not commence prior to lodgement and approval of this application for provisional registration and approval of supervised practice.

Proposed commencement date

D D / M M / Y Y Y Y

SECTION J: Applicant's declaration

Supervised practice can only commence once this application has been approved. The applicant and preceptor will receive email notification from Ahpra of receipt of this application, and the outcome of this application.

I declare that the information contained in this application about me is true and correct.

I confirm that the supervised practice arrangements proposed in this application **will not commence** until I have confirmed on the public register that the supervised practice details have been recorded in the *Registration Requirements* field on my registration record.

Name of applicant

Date

D D / M M / Y Y Y Y

Signature of applicant

SIGN HERE

SECTION K: Premises details

This section **must** be completed by the **pharmacist in charge or director of pharmacy**.

31. What are the name and address details of your premises?

Site name

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*

You **must** attach a separate sheet with details of any additional premises which are to be included in the training program.

32. What are the contact details for your premises?

Business hours

Mobile

Facsimile

Email

33. What is your premises type?

As outlined in the Board's *Supervised practice arrangements* registration standard, at least 50 per cent of the required supervised practice hours must be undertaken in a community pharmacy or a hospital pharmacy department, unless otherwise approved by the Board.

Mark only one box

- ☐ Community pharmacy – ***Go to the next question***
- ☐ Hospital pharmacy department – ***Go to question 37***
- ☐ Other – ***Go question 35***

34. Does the community pharmacy have approval to supply pharmaceutical benefits under section 90 of the National Health Act 1953?

YES ☐ ▶ ***Go to question 37*** NO ☐ ▶ ***Go to question 36***

35. What is your premises type if it is not a premises outlined in question 33?

Other premises type may be approved by the Board if it provides a broad exposure to pharmacy practice and enables you to address the competency standards relevant to entry-level practice.

Mark only one box

- ☐ Pharmaceutical industry
- ☐ Compounding facility
- ☐ Other ***(please specify)***

36. What are the range of pharmacy services provided at these premises?

To make sure you are suitably prepared to practise in any practice setting once you gain general registration, you should outline how the premises will contribute to providing exposure to a broad range of services during the completion of the supervised practise period required for general registration.

Mark all options applicable

- ☐ Dispensing (non-PBS medicines only)
- ☐ Clinical pharmacy
- ☐ Medicines information
- ☐ Counselling patients
- ☐ Provision of non-prescription medicines
- ☐ Services to residential care facilities
- ☐ Vaccination service
- ☐ Filling of dose administration containers
- ☐ Opioid substitution therapy
- ☐ Services to private hospitals
- ☐ Educational talks to community groups
- ☐ Outpatients
- ☐ Diagnostic testing (e.g. blood glucose monitoring)
- ☐ Screening and risk assessment
- ☐ Medication review services (e.g. MedsCheck, HMR's)
- ☐ Drug information services
- ☐ Compounding of medicines
- ☐ Non-sterile manufacturing
- ☐ Sterile manufacturing
- ☐ Cytotoxic manufacturing
- ☐ Other ***(please specify below)***

SPECIFY

You **must** attach a separate sheet detailing a proposal how the premises will provide good practice experience and exposure to a range of activities, and include a training plan as detailed in the *Intern pharmacist and preceptor guide*.

37. What is the minimum number of pharmacists holding general registration that will be working at the premises any time when interns are present?

Minimum number of pharmacists who hold general registration at the premises

SPECIFY

38. What is the maximum number of interns (provisionally registered pharmacists) that will be working at the premises, including the intern on this application?

Supervised practice hours may only be undertaken in premises where the total number of provisionally registered pharmacists does not exceed the total number of supervising pharmacists at any time.

Number of interns at premises

SPECIFY

39. Who is the proprietor(s) of the premises?

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

Family name of proprietor

First given name

Middle name(s)

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

Family name of proprietor

First given name

Middle name(s)

You **must** attach to this application a separate sheet with any additional proprietor information if required.

40. What is the name of the pharmacist in charge or director of pharmacy?

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

Family name of the pharmacist in charge or director of pharmacy

First given name

Middle name(s)

Preferred name

Sex MALE ☐ FEMALE ☐

Certification of compliance for hospital pharmacy departments and community pharmacies

I certify that these premises comply with the approval requirements of the pharmacy approval authority in this jurisdiction.

Name of pharmacist in charge or director of pharmacy

Date

D D / M M / Y Y Y Y

Signature of pharmacist in charge or director of pharmacy

SIGN HERE

SECTION L: Preceptor details

This section **must** be completed by the **preceptor**.

Eligibility criteria for preceptors

A pharmacist may be approved as a preceptor if he or she will have been registered and have practised for at least 12 months prior to the commencement of the period of supervised practice covered by this application. To be eligible to proceed with this application as the nominated preceptor, you must answer YES to question 39 or outline your reasons in writing to the Board on why the criteria should not be applied in this case.

Preceptors should be aware of their ongoing continuing professional development obligations under the Board's Registration standard: Continuing professional development. For more information, see *Continuing professional development* in the *Information and definitions* section of this form.

For further information, refer to the *Registration standard: Supervised practice arrangements* which can be found at **www.pharmacyboard.gov.au/Registration-Standards.**

Supervision of interns

An approved preceptor is required to supervise the training of a provisionally registered intern or other person undertaking supervised practice, or delegate day-to-day supervision to a suitably qualified pharmacist at the approved site. A preceptor should be present at the training premises on a regular basis. Pharmacists who do not regularly practise at the training site are advised not to apply for approval as a preceptor as this role is considered best undertaken by pharmacists who can meet the on-site training requirements of supervised practice and preceptor requirements.

Supervised practice across multiple training sites

If supervised practice is undertaken concurrently across multiple training sites (as specified in *Section J: Premises details*), the approved preceptor is responsible for coordinating training across these sites.

41. What are your details?

Title*

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

Family name of preceptor

First given name

Middle name(s)

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

Date of birth

DD / MM / YYYY

Sex*

MALE ☐ FEMALE ☐

Registration number

PHA

Email

42. What is your year of initial general registration?

Year

SPECIFY

43. Will you, on the proposed date of commencement of supervised practice detailed on this application, have held general registration as a pharmacist and have practised as a pharmacist for at least 12 months?

YES ☐ NO ☐

Attach a separate sheet, if required, with your reasons for why this criteria should not be applied.

44. Have you acted as a preceptor for the purpose of conducting supervised practice (internship) before?

YES ☐ NO ☐

45. Have you accessed the *Preceptor guide* and are you aware of your responsibilities as a preceptor?

YES ☐ NO ☐

Preceptor responsibilities

The Board's *Preceptor guide* outlines the Board's expectations of preceptors conducting supervised practice, including their responsibilities and how they should prepare adequately for their role. The Board advises pharmacists who are seeking approval to conduct supervised practice to undertake a preceptor training program.

The *Preceptor guide* includes sample training programs to assist preceptors in developing an on-site training program to be conducted throughout the period of supervised practice, and advice regarding the conduct of formal discussion time during training. Information and training is also available from the intern training program provider.

The guide is published on the Board's website at **www.pharmacyboard.gov.au/Internship**

46. How many hours each week do you have contact with the intern?

For more information, see *Supervision of interns* at the start of *Section K: Preceptor details* in this form.

Hours

SPECIFY

SECTION M: Preceptor's declaration

The preceptor **must** sign below. All correspondence to preceptors will be sent to the training site address if an email address has not been provided. The applicant and preceptor will receive email notification from Ahpra of receipt of this application, and the outcome of this application.

I declare that the information contained in this application about me is true and correct.

I confirm that the applicant's supervised practice arrangements proposed in this application **will not commence** until I have confirmed on the public register that the supervised practice details have been recorded in the *Registration Requirements* field on the applicant's registration record.

Name of preceptor

Date

D D / M M / Y Y Y Y

Signature of preceptor

SIGN HERE

PART C – Payment and checklist

SECTION N: Payment

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

Application fee:		Registration fee:			Amount payable:
$151	+	**$** INSERT FEE		=	**$** INSERT FEE
		Registration fee	**$226**		Applicants **must** pay 100% of the stated fees at the time of submitting the application.
		Registration fee for NSW registrants	**$231**		

Registration period
Provisional registration is granted for a period of 12 months commencing from the date provisional registration is granted.

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

47. 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 O: Checklist

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

Additional documentation		Attached
Question 1	Evidence of a change of name	☐
Question 3	A certified copy of a foreign passport	☐
Question 4	Certified copies of all documents that provide sufficient evidence of your identity	☐
Question 9	Certified copies of **all** of your relevant qualifications approved or considered to be equivalent by the Board and evidence of completing examination or assessments	☐
Question 9	A separate sheet with additional qualification details	☐
Question 10	Certificate of Registration status has been requested from relevant authority	☐
Question 10	A separate sheet with additional registration history	☐
Question 11	Your curriculum vitae	☐
Question 12	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	☐
Question 13	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	☐
Question 13	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	☐
Questions 13 & 14	ICHC reference page provided by the approved vendor	☐
Question 14	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	☐
Question 15	A separate sheet with any additional qualification details	☐
Question 15	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	☐
Question 17	Copy of your English language test results	☐
Question 18	Certified copy of your English language test results	☐
Question 18	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	☐
Question 20	A separate sheet with your impairment details	☐
Question 21	A separate sheet with your current suspension or cancellation details	☐
Question 22	A separate sheet with your cancellation, refusal or suspension details	☐
Question 23	A separate sheet with your conditions, undertakings or limitations details	☐
Question 24	A separate sheet with your disqualification details	☐
Question 25	A separate sheet with your conduct, performance or health proceedings	☐
Question 28	A separate sheet with your additional reasons for undertaking supervised practice	☐
Question 31	A separate sheet with details of additional premises	☐
Question 36	A separate sheet proposing how the premises will provide good practice experience and exposure to a range of activities	
Question 39	A separate sheet with additional proprietor information	☐
Question 43	A separate sheet with reasons for why the criteria should not be applied	☐
Payment		
	Application fee	☐
	Registration fee	☐

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**

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

Information and definitions

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. 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 (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**

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 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**

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**

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**

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

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**