



Application for Trans Tasman mutual recognition Profession: Psychology

Division 2 of Part 3 of the *Trans-Tasman Mutual Recognition Act*

This form is to be used by persons applying for registration as a psychologist in Australia under the Commonwealth *Trans Tasman Mutual Recognition Act 1997*. It is important that you refer to the Psychology Board of Australia's (the Board) guidelines before completing this application. Registration standards, codes and guidelines can be found at www.psychologyboard.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.

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.



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: Eligibility for Trans Tasman mutual recognition

1. Do you currently hold practising registration as a psychologist in New Zealand?

YES



You **must** attach to your application evidence of your existing registration as a psychologist in New Zealand, as required in *Section B: Registration type* of this application form.

NO



You are **not eligible** for Trans Tasman mutual recognition. Please use form AGEN-76 to apply for general registration as a psychologist.

2. Do you hold a Vocational Scope of Practice granted by the NZ Psychologists Board?

YES Provide details below

NO

Vocational scope of practice

Clinical psychologist

Educational psychologist

Counselling psychologist

Neuropsychologist



3. In Australia, New Zealand or another country:

- are you subject to disciplinary proceedings or any preliminary investigations or action that might lead to disciplinary proceedings
- is your registration cancelled or currently suspended as the result of disciplinary action
- are you personally prohibited from carrying on practice as a psychologist, and/or
- are you subject to any special conditions in your practice as a psychologist as a result of criminal, civil or disciplinary proceedings?

YES, in Australia and/or New Zealand

You are not eligible for Trans Tasman mutual recognition. Please use form AGEN-76 to apply for general registration as a psychologist.

YES, in a country other than Australia or New Zealand

You **must** attach details to this application.

NO

4. In New Zealand, Australia or overseas, are you subject to any special conditions in carrying on practice as a psychologist?

YES

NO

You **must** attach to this application details of any special conditions.

SECTION B: Registration type

5. Do you currently hold general registration as a psychologist in Australia?

YES

NO [Go to Section C: Personal details](#)

Details required below – then go to the next question
 Registration number

6. Are you applying to add an endorsement to your general registration?

YES

NO

Mark all the vocational scopes of practice you have on your New Zealand registration

| | |
|--|--|
| <input checked="" type="checkbox"/> Clinical psychologist | <input checked="" type="checkbox"/> Educational psychologist |
| <input checked="" type="checkbox"/> Counselling psychologist | <input checked="" type="checkbox"/> Neuropsychologist |

You **must** attach evidence of your existing registration in New Zealand which includes the corresponding vocational scope of practice. This must include a complete and accurate copy of your current annual practising certificate.



SECTION C: Personal details



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

7. 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.

8. 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 D: Proof of identity

i **You must provide proof of your identity with this application.** Please refer to the *Proof of identity requirements* available at www.ahpra.gov.au/identity.
 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.

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

YES NO **Go to the next question**

i If you are applying for registration from outside of Australia and are unable to provide evidence from each category, you will be required to meet the minimum identity requirements. Refer to www.ahpra.gov.au/identity for further information.

Attachment required below – then go to Section E: 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.

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

i You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least **one** document must be in the applicant's current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- For documents containing a photograph, the following certification statement must be included by the authorised officer, '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.'
- 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 checked="" type="checkbox"/> | NA | <input checked="" type="checkbox"/> | Australian financial institution account | NA | NA | <input checked="" type="checkbox"/> |
| New Zealand passport | <input checked="" type="checkbox"/> | NA | <input checked="" type="checkbox"/> | Australian Medicare card | NA | NA | <input checked="" type="checkbox"/> |
| Australian visa (Foreign passport must be selected as evidence for Category B) | <input checked="" type="checkbox"/> | NA | <input checked="" type="checkbox"/> | Australian PAYG payment summary | NA | NA | <input checked="" type="checkbox"/> |
| ImmiCard | <input checked="" type="checkbox"/> | NA | <input checked="" type="checkbox"/> | Australian motor vehicle registration | NA | NA | <input checked="" type="checkbox"/> |
| Australian citizenship certificate | <input checked="" type="checkbox"/> | NA | <input checked="" type="checkbox"/> | Australian Taxation Assessment Notice | NA | NA | <input checked="" type="checkbox"/> |
| Australian passport | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Australian insurance policy | NA | NA | <input checked="" type="checkbox"/> |
| Australian motor vehicle licence | NA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Australian pension/healthcare card | NA | NA | <input checked="" type="checkbox"/> |
| Foreign passport | NA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Category D documents | | | |
| Australian Working with Children/ Vulnerable People Card | NA | <input checked="" type="checkbox"/> | <input checked="" 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 firearms or shooter's licence | NA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| Australian student ID card | NA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | I have used a Category B or C document that has my current residential address | | | <input checked="" type="checkbox"/> |
| Intl. or foreign motor vehicle licence | NA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Australian rate notice | | | <input checked="" type="checkbox"/> |
| Australian proof of age card | NA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Current Australian lease or tenancy agreement | | | <input checked="" type="checkbox"/> |
| Australian government benefits | NA | NA | <input checked="" type="checkbox"/> | Australian utility account | | | <input checked="" type="checkbox"/> |
| Australian academic transcript | NA | NA | <input checked="" type="checkbox"/> | Australian electoral enrolment card | | | <input checked="" type="checkbox"/> |
| Australian registration certificate | NA | NA | <input checked="" type="checkbox"/> | | | | |



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



SECTION E: Contact information



Once registered, you can change your contact information at any time.
Please go to www.ahpra.gov.au/login to change your contact details using your online account.

11. 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

12. 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)

13. 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***



14. What is your mailing address?

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

Your mailing address is used for postal correspondence.

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 F: Qualification for the profession

15. What are the details of the qualification or other method on which your registration in New Zealand is based?

Most recent qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date

/ /

Additional qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date

/ /


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



SECTION G: Suitability statements

 Refer to www.psychologyboard.gov.au/Standards-and-Guidelines for further information about the requirements set out in the Board's registration standards.

16. In the coming year, do you commit to meet the Board's professional indemnity insurance registration standard?

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

For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form, or the full registration standard online at www.psychologyboard.gov.au/Standards-and-Guidelines

YES


NO

Provide details of your circumstances

.....

.....

.....

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

17. If your registration is granted, do you commit to completing the requirements for continuing professional development (CPD) during your period of registration, consistent with the Board's Continuing professional development registration standard?

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

YES

NO





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 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

D

D

/

M

M

/

Y

Y

Y

Y



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SECTION I: Payment

You are required to pay BOTH an application fee and a registration fee. If you answered 'YES' to question 7, you are also required to pay the application fee for endorsement of registration.

- Select your application fee and registration fee from the tables below.
- Your total application fee depends on whether or not you are applying for endorsement of registration.
- Your registration fee depends on your principle place of practice, as applicants whose principal place of practice is New South Wales are entitled to a rebate from the NSW Government.

| | | | | | | |
|-------------------------|---|--|---|--|---|---|
| Application fee: | | Endorsement fee: | | Registration fee: | | Amount payable: |
| \$556 | + | \$ INSERT FEE | + | \$ INSERT FEE | = | \$ INSERT FEE |
| | | Endorsement of registration \$279 | | Registration fee \$454 Registration fee for NSW registrants \$390 | | Applicants must pay 100% of the stated fees at the time of submitting the application. |

i Registration Period
 The annual registration period for the psychology profession is from **1 December to 30 November**.
 If your application is made between **1 October and 30 November this year**, you will be registered until 30 November **next year**.

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

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

Credit/Debit card payment slip – please fill out

| | |
|---|--|
| <p>Amount payable</p> <div style="border: 1px solid #ccc; padding: 5px; font-size: 24px; font-weight: bold;">\$</div> <p>Visa or Mastercard number</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> </div> <p>Expiry date</p> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">M</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">M</div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Y</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">Y</div> </div> | <p>Name on card</p> <div style="border: 1px solid #ccc; height: 20px;"></div> <p>Cardholder's signature</p> <div style="border: 1px solid #ccc; padding: 10px; display: flex; align-items: center;"> SIGN HERE </div> |
|---|--|



SECTION J: Checklist

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

| <i>Additional documentation</i> | | Attached |
|---------------------------------|---|--------------------------|
| Question 3 | Details of any disciplinary proceedings, preliminary investigations, action that may lead to disciplinary proceedings, cancellations, suspensions, prohibitions and/or special conditions | <input type="checkbox"/> |
| Question 4 | Details of any special conditions | <input type="checkbox"/> |
| Question 6 | Evidence of your existing registration in New Zealand which includes the corresponding vocational scope of practice | <input type="checkbox"/> |
| Question 7 | Evidence of a change of name | <input type="checkbox"/> |
| Question 9 | A certified copy of a foreign passport | <input type="checkbox"/> |
| Question 10 | Certified copies of all documents that provide sufficient evidence of your identity | <input type="checkbox"/> |
| Question 15 | A separate sheet with your additional qualification details | <input type="checkbox"/> |
| Question 16 | A separate sheet with details of why you do not commit to meet the Board's PII registration standard | <input type="checkbox"/> |
| <i>Payment</i> | | |
| | Application fee | <input type="checkbox"/> |
| | Endorsement fee | <input type="checkbox"/> |
| | Registration fee | <input type="checkbox"/> |



Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload.
You may contact Ahpra on 1300 419 495



Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents.

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.aspx
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, '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', along with their signature, 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 via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx

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 (CPD)

You are required to participate regularly in continuing professional development (CPD) that is relevant to your scope of practice.

Registered psychologists have a responsibility to ensure that they continue to maintain, enhance and extend their knowledge and skills throughout their working lives. Consumers also have an expectation that registered psychologists providing professional services do so in a competent and contemporary manner.

A registered psychologist who has been registered for less than 12 months at the time of application for renewal of registration or endorsement, must have accumulated the minimum number of CPD hours for every month of registration. For example, 30 hours per year equates to 2.5 hours per month.

For more information, view the complete registration standard online at www.psychologyboard.gov.au/Standards-and-Guidelines

CRIMINAL HISTORY

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

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

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

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

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

For more information, view the full registration standard online at www.psychologyboard.gov.au/Standards-and-Guidelines

IMPAIRMENT

Impairment means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that **detrimentally affects or is likely to detrimentally affect your capacity to practise the profession.**

The National Law requires you to declare any impairments at the time of application. If you have an impairment, you will need to provide 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 practitioner in their regulated health 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 patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You must have PII, or some alternative form of indemnity cover that complies with the Board's registration standard, for all aspects of your practice, in all locations in Australia. Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII—you will need to confirm this with your employer.

For more information, view the complete registration standard online at www.psychologyboard.gov.au/Standards-and-Guidelines