

# Did you know you can now apply online? Create an Ahpra portal account and complete your application

Click here to apply online

Applying for registration is now available online.

Create an Ahpra portal account and complete your application.

## Applying online is easier, faster and more secure

The online application form only asks questions relevant to your situation – saving you time.

Applying online also means you can

- easily access our new online ID verification
- track your progress as you complete each section of the application
- save as you go and lodge when it suits you
- check back in to see how assessment of your application is tracking.

For the best experience, please use a computer or laptop when applying online.

If you choose to use this form, we will need to follow up with you to ask you to validate some of the information you send us. This form will only be available for a short time.

## Keeping in contact

We will let you know about important information to do with your application via your secure Ahpra portal.

# AECR-76



## Application for an area of practice endorsement on completion of an approved registrar program Profession: Psychology

Symbols in this form

Additional information

Part 7 Division 8 of the Health Practitioner Regulation National Law (the National Law)

This form is for psychologists who hold general registration and have completed a Psychology Board of Australia (Board) approved registrar program, to apply for endorsement in an approved area of practice. This form includes your final progress report at Section E.

Registrars who have completed an approved higher degree gualification associated with two areas of practice and who have concurrently completed registrar programs in both areas of practice, must complete a separate AECR-76 form for each area of practice and pay two endorsement application fees.

Registrars who were granted early general registration before completing their Doctoral degree or combined masters/PhD must provide evidence of completion of their higher degree with this application.

This form should be signed by both the registrar and the supervisor.

It is important that you refer to the Board's Guidelines on area of practice endorsements to determine whether you meet the eligibility criteria. Registration standards, codes and guidelines can be found at www.psychologyboard.gov.au

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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.

## **SECTION A:** Area of practice

#### 1. Which area of practice endorsement are you applying for?

		-			-	-
Select only	/ one of	the a	pproved	areas	of	endorsement

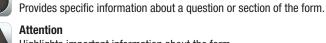
- Clinical neuropsychology
- Clinical psychology
- Counselling psychology
- Forensic psychology Organisational psychology

Sport and exercise psychology

$\mathbf{X}$	Health	psycholo	av

Community psychology

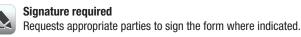
Educational and developmental psychology



Highlights important information about the form.



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



### **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.



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

i

## 

### **SECTION B:** Personal details

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

2. What is your name and birth details?

Title*	MR 🔀	MRS 🔀	MISS 🔀	MS 🔀	DR 🔀	OTHER	SPECIFY	
Family	name*							
First g	iven name*							
Middle	e name(s)*							
Date o	f birth D	D / M	M / Y	YYY				
Countr	ry of birth							
	another provide	<sup>,</sup> name, you	must attach rd. For more	n proof of y	our name c	hange unles	re providing doo ss this has beer <i>e</i> in the <i>Informa</i>	n previously

## 3. What is your registration number?

Reg	istra	itior	nui	nbe	r*		
Ρ	S	Y					

## **SECTION C:** Contact information

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.

4. 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
Image: Contact details below – place an local details below – place and the place details below – place details below –

## 5. 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	r position/de	partment (if a	applicable)		
Address (e.g. 123 JA	MES AVENUE	; or UNIT 1A, S	30 JAMES STRI	ET)	
City/Suburb/Town*					,
State or territory (e.	g. VIC, ACT) <b>/I</b> I	nternational p	province*	Postcode/ZIP*	
Country (if other tha	an Australia)			· · · · · · · · · · · · · · · · · · ·	

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

A

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.

ES 🔀							Ν	0	$\mathbf{X}$	Prov	vide	you	r Au	stra	lian	prin	cipa	al pl	ace	of pl	racti	ice b	elov	V
Site/bui	lding a	and/o	r pos	sitio	n/de	par	tmer	nt (if	ap	plica	ble)	)												
Address	e.g. 1	123 JA	MES	S AVE	ENUE	E; or	UNIT	Г <b>1</b> А,	, 30	JAM	ES S	STRE	ET)											
City/Sul	ourb/Te	own*																						
_																								
State/Te	erritory	<b>/*</b> (e.g	. VIC	, AC	Г)								Pos	tcod	le*		_				-			

### 7. What is your mailing address? My residential address

what is your maining address:		iviy residential
Your mailing address is used for postal correspondence.		My principal pl
	$\sim$	Other <i>(Provide</i>

My principal place of practice 

Other (Provide your mailing address below)

Site	e/bu	ildin	g an	Id/o	r po	sitio	n/de	epar	tme	nt (il	f app	olica	ble)											
Ada	dres	s/PO	Box	<b>(</b> (e.	g. 12	23 J/	MES	S AVI	ENU	E; or	UNI	T 1A	, 30	JAM	ES S	TRE	ET; (	or P(	) BO	X 12	234)			
0:1		<b>b</b> k	/T																					
JIT	y/Su	DUR	0/10	wn																				
Sta	te o	r ter	ritor	<b>y</b> (e.	g. VI	C, A	CT) <b>/I</b>	nter	nati	ona	l pro	vinc	e		Pos	tcod	e/Zl	P						
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JUL	anu y	, (ii)	ouie	i ulc	all A	นอแ	and																	

## SECTION D: Qualification for endorsement

8. Did you apply for early general YES registration while enrolled in a postgraduate degree with Doctoral thesis in order to start a registrar program before completing your thesis?



You must attach to this application your academic transcript that indicates that you have met all of the requirements of the postgraduate qualification (including that you have received a final mark for any thesis) and that you have graduated from the degree.

Go to the next question

NO

### **SECTION E:** Final progress report

9. What are the details of the principal supervisor?

Supervisor details								
MR 🔀 MRS 🔀	MISS 🔀	MS 🔀	DR 🔀	OTHER				
Family name*								
First given name*								
Middle name(s)*								
Registration number								
PSY								
Business hours phone			Af	ter hours p	hone			
Email								

10. What are the details of the	Position title	
psychology practice?		
	Employer	
	Hours per week	
	SPECIFY	
	Position title	
	Employer	
	Hours per week	
11. What dates did you start and	Period of psychological practice	
finish your registrar program?	DD / MM / YYYY to	
12. How many hours of psychological practice did you complete in your registrar program?	Hours SPECIFY	
13. How many hours of individual and group supervision did you complete?	for the registrar, as long as the required total super By the end of the registrar program, up to 33% of t The remaining 66% must be completed as individu	
	Hours of individual supervision SPECIFY	Hours of group supervision SPECIFY SPECIFY
14. How many hours of supervision have been completed with your supervisor(s)?	<ul> <li>is endorsed in the relevant area of practice</li> <li>no more than 50% of the total supervision hour is endorsed in the relevant area of practice, and</li> </ul>	rs will be completed with a secondary supervisor who
	Hours of supervision completed with a principal supervision supervision completed with a principal supervision sup	pervisor endorsed in the relevant area of practice
	Hours of supervision completed with a secondary s	supervisor endorsed in the relevant area of practice
	SPECIFY	
	Hours of supervision completed with a secondary s who does not hold endorsement	supervisor endorsed in a different area of practice or
	SPECIFY	
15. How many hours of continuing	Hours	
professional development did you complete?	SPECIFY	



## 16. Supervisor's evaluation of the registrar's progress towards attaining each of the competencies required for endorsement in the relevant area of practice.



This evaluation must be completed by the registrar's supervisor. When the registrar has completed their registrar program, it is expected that the registrar will be competent in performing complex tasks without guidance or supervision in all competencies of the relevant area of practice. Refer to the competencies relevant to the registrar's chosen area of practice outlined in the appendix of the *Guidelines on area of practice endorsement* available at www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies

Competencies	1. Basic knowledge and skills present, but competence insufficiently developed.	2. Competence for performing tasks but requiring guidance and supervision.	3. Competence for performing basic tasks without guidance or supervision.	4. Competence for performing complex tasks without guidance or supervision.
Knowledge of the discipline	$\times$	$\times$	$\times$	$\times$
Ethical, legal and professional matters	$\times$	$\times$	$\times$	$\times$
Psychological assessment and measurement	$\times$	$\times$	$\times$	$\times$
Intervention strategies	$\times$	$\times$	$\times$	$\times$
Research and evaluation	$\times$	$\times$	$\times$	$\times$
Communication and interpersonal relationships	$\mathbf{X}$	$\mathbf{X}$	$\mathbf{X}$	$\square$
Working with people from diverse groups	$\times$	$\times$	$\times$	$\times$
Practice across lifespan	$\times$	$\times$	$\times$	$\times$

## SECTION F: Supervisor's declaration

I, having supervised the work of the applicant named below between the dates nominated below, certify that he/she has fulfilled the professional and practice requirements for endorsement in the area nominated below and is competent to undertake independent practice in that area.

I recommend that the registrar be granted endorsement.

Name of applicant	Area of endorsement	
Period of supervision		
DD/MM/YYYY to DD/MM/YYYY		
Name of supervisor	Signature of supervisor	
Date	I. I. SIGN HERE	

### SECTION G: 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.

# 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.

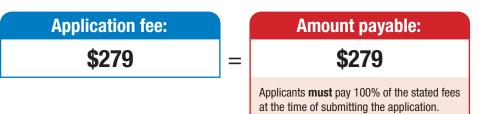
I **understand** that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

Signature of applicant
SIGN HERE
Name of applicant
Date DD / MM / YYYYY

This page has been intentionally left blank.

SECTION H: Payment

### You are required to pay an application fee.





**Refund rules** 

The application fee is non-refundable.

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

Credit/Debit card payment slip – please fill out	
Amount payable	Name on card Cardholder's signature SIGN HERE
Effective from: 25 March 2025	Page 9 of 10

## **SECTION I:** Checklist

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

Additional doo	cumentation	Attached
Question 2	Evidence of a change of name	$\times$
Question 8	Evidence of completion of postgraduate qualification	$\times$
Payment		
	Application fee	$\times$

**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.