



GPO Box 4221 Darwin NT 0801  
 2<sup>nd</sup> Floor Harbour View Plaza  
 Cnr McMinn & Bennett Streets Darwin NT 0800  
 Tel: +61 8 8999 4157 Fax: +61 8 8999 4196  
 Email: healthprofessions.ths@nt.gov.au  
 Website: www.nt.gov.au/health/registrationboards

**APPLICATION FOR REGISTRATION - MEDICAL INTERN**  
**Health Practitioners Act 2004**

*An application for registration is not complete unless all required details and documentation is provided.  
 Please forward complete application to the address above.*

**PERSONAL DETAILS**

**SURNAME:** \_\_\_\_\_

**GIVEN NAMES:** \_\_\_\_\_

**FORMER NAMES/ALIASES:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **COUNTRY OF BIRTH:** \_\_\_\_\_

**GENDER:**  Male  Female *(please tick appropriate box)*

**POSTAL ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**CONTACT DETAILS:**      bh \_\_\_\_\_      ah \_\_\_\_\_      mob \_\_\_\_\_  
    fax \_\_\_\_\_      email \_\_\_\_\_

**QUALIFICATIONS**

**Educational qualifications (include institution and year of graduation):**

QUALIFICATION	INSTITUTION	COMPLETED YEAR

**SUMMARY OF EXPERIENCE SINCE QUALIFYING**  
*(if insufficient space please provide an attachment):*

PLACE OF PRACTICE	PERIOD OF PRACTICE	
	FROM	TO

**OTHER INFORMATION**

Date commencing practise in the Northern Territory: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Intended place of practice in the Northern Territory: \_\_\_\_\_

## STATUTORY DECLARATION

**Note:** In order to apply for registration as a medical intern you need to complete this declaration.

I do solemnly and sincerely declare that,

1. I do not suffer from substance dependence nor any intellectual, mental or physical disability or health condition, which affects my ability to practise. True  False
2. I will have professional indemnity arrangements in place when I practise in the Northern Territory. True  False
3. I am participating in continuing professional development activities. True  False
4. I have never had my name suspended or removed from a Register or been refused registration for any reasons relating to my professional conduct or health in any State/Territory/Country. True  False
5. I am not the subject of disciplinary proceedings of any State/Territory/Country or any preliminary investigations or action that might lead to disciplinary proceedings in relation to my practise as a health practitioner. True  False
6. I do not have any current conditions or undertakings relating to my registration in any State/Territory/Country. True  False
7. I have not, at any time, been found guilty and/or been convicted of any offence nor is any charge pending in any State/Territory/Country. True  False
8. I do not have any current proceedings claiming damages or other compensation against me. True  False
9. I have never had my employment as a medical practitioner or medical student status suspended or terminated for reasons of misconduct; impairment or incompetence in any State/Territory/Country. True  False
10. I am not currently practising in the Northern Territory. True  False

**If "False" to any of the above, please provide full details on an attached signed sheet.**

And I make this solemn declaration by virtue of the *Oaths Act* (Northern Territory) and conscientiously believing the statements contained in this declaration to be true in every particular.

And I hereby authorise the Medical Board of the Northern Territory, or its delegates, to make enquires of, and exchange information with, any Medical Registering Authority or any other organisation or person concerning my registration, practise of medicine or other related matters.

**Signature of person making declaration** \_\_\_\_\_

Declared at: \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
before me,

Signature of person witnessing declaration\* \_\_\_\_\_

Name of witness (printed) \_\_\_\_\_

Title of witness (printed) \_\_\_\_\_

Address or telephone of witness \_\_\_\_\_





## EXPLANATORY NOTES

**IMPORTANT:** Applicants must read the Explanatory Notes to ensure that they understand and comply with all requirements of the application for registration.

### **Statutory Declaration**

- If you are unable to answer any questions on the Statutory Declaration please contact the Board for further assistance/advice.
- A person wilfully making a false statement in a Statutory Declaration is liable to a penalty of \$2000 or imprisonment for 12 months, or both.
- Only the applicant is able to sign the Statutory Declaration. \*If signed in the Northern Territory, the declaration may be witnessed before any person who has attained the age of 18 (eighteen) years.
- The Medical Board of the Northern Territory may from time to time allow organisations to access names and professional addresses of medical practitioners registered in the Northern Territory. If an organisation can demonstrate and satisfy the Board that the use of the information will, or has, the potential to contribute to the acquisition of knowledge that may improve the health of the community.
- Medical practitioners are referred to section 105 of the *Health Practitioners Act* in regards to the requirements for notifying the Board of proceedings, withdrawal of claims or settlement of claims or other compensation for alleged negligence in health care practice.
- Continuing professional development activities are those activities undertaken by a professional, which enables the professional to maintain the safety, quality and relevance of their professional practise. Examples of continuing professional development activities include, but are not limited to attending formal seminars and workshops, discussions with other medical practitioners or other professional colleagues, reading professional publications, systematic research on the Internet, lecturing, distance learning courses and reflecting on critical learning experiences.
- A Professional indemnity arrangement is when an insurer agrees, or an employer is obliged, to indemnify a person, or persons working within an organisation for any legal liability owed to another person as a result of personal injury or property damage caused by the indemnified person.

For those practitioners who are in an employer/employee relationship, the doctrine of “vicarious liability” will be applied. Vicarious liability means that an employer is liable for the wrongful act of its employees, even if the employer plays no part and has no knowledge of the act. Those practitioners working for the Northern Territory government are automatically indemnified for all actions undertaken in the usual course of their employment. Practitioners who are employees are entitled to be indemnified by their employer; however, there may still be a requirement for the practitioner to hold individual professional indemnity insurance. This needs to be discussed with your employer.

- Practising unregistered and or unlicensed in the Northern Territory is an offence pursuant to section 101 of the *Health Practitioners Act 2004*.

### **Attachments**

Any documents provided with the application that are not in English, must be accompanied by an English translation certified by an authorised or accredited translator.

- The Character Reference must be written within the previous six months, by a person who has attained the age of 18 years and who is not related to you by birth, marriage or adoption. The reference should have the contact details of the referee and the length of time the referee has known you. The reference should refer to your honesty, integrity, moral strength, standing in the community and any other information that reflects on your character.
- A Reference from the last place of employment is required for international medical graduates only and should refer to the applicant’s performance.
- A reference should be written within the previous 6 months by a lecturer at the University in which you completed your medical degree.

### **International Medical Graduates**

- All overseas trained applicants without a current Australian qualification must provide evidence of confirmation from the Australian Medical Council (AMC) of their application for verification of primary source verification of documents.
- English language proficiency requirements please refer to the Board’s current ‘English Language Proficiency Requirement for International Medical Graduates Policy’.
- The Competent Authority Pathway applies to IMGs who, among other things, have a primary medical qualification or have passed licensing exams in countries recognised by the AMC as “competent authorities”. Please refer to the AMC website for current information and application forms. [www.amc.org.au](http://www.amc.org.au) If you are not eligible under this pathway you will need to follow the Standard Pathway. Refer to the Board’s Entitlement to Registration Policy for further details.



## IDENTIFICATION VALIDATION REQUIREMENTS

Applicants must provide proof of identity equivalent to 100 points. Below is a list of documents that may be presented in order to meet this requirement. Documents with a minimum value of **100 points** in total must be submitted. All documents must be an original or certified as a true copy of the original by a Board approved certifier.

All applicants must provide at least one document that includes a photograph.

**At least ONE** document from **Category A or B** must be submitted.

**Only ONE** document from **Category B** may be submitted.

**At least one** document must include a recent photograph.

ALL documents must be current/valid at the date of submission.

### **Category A (70 points)**

- Current Medical Registration with another Board in Australia (applies for all persons first registered after 1 May 2006 only).

### **Category B (70 points)**

- Passport & Visa (if overseas passport).
- Birth Certificate/Birth Card (NSW) (original or extract).
- Citizenship Certificate.

### **Category C (40 Points)**

- License or permit issued under a law of the Commonwealth or State or Territory.
- Identification Card issued to a public employee.
- Identification Card issued by Commonwealth State or Territory as evidence of a persons entitled to a financial benefit.
- Student ID Card issued from an Australian tertiary education institution.
- International English Language Testing System Test Report Form (IELTS-TRF) (with photograph only).

### **Category D (25 Points)**

- International Drivers Licence.
- Medicare Card/Public Utilities Accounts/Rates Notice.
- Financial Institution Credit Card/Cash Card or Passbook (A maximum of 2 credit cards may be used).
- Certificate of Good Standing/Verification of Registration Status document from an immediate previous regulatory authority only if received directly from that regulatory authority in accordance with national standard policy.
- Evidence of current medical registration from overseas regulatory authority.

