



APPLICATION FOR REGISTRATION - MEDICAL PRACTITIONER

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 provide an attachment):

PLACE OF PRACTICE	PERIOD OF PRACTICE	
	FROM	TO

OTHER INFORMATION

Date commencing practice in the Northern Territory: _____ / _____ / _____

Intended place of practice in the Northern Territory: _____

Have you ever been registered in the Northern Territory before? Yes No

If yes, what was your registration number? _____

A Certificate of Registration Status (Certificate of Good Standing) is required from all jurisdictions in which you have been registered and practised (within the last two years), and **must be requested by you to be sent** directly to the Medical Board of the Northern Territory.

STATUTORY DECLARATION

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

I do solemnly and sincerely declare that,

1. I am currently registered or have held registration in the following States/Territories/Countries:

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2. I have practised as a medical practitioner within the past 3 years. True False
3. 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
4. I have reviewed my practise and I am a competent practitioner. True False
5. I will have professional indemnity arrangements in place if I practise in the Northern Territory. True False
6. I am participating in continuing professional development activities. True False
7. 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
8. 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 practice as a health practitioner. True False
9. I do not have any current conditions or undertakings relating to my registration in any State/Territory/Country. True False
10. 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
11. I do not have any current proceedings claiming damages or other compensation against me. True False
12. 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
13. 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 _____



DOCUMENTS AND OTHER REQUIREMENTS FOR REGISTRATION

The following documents **MUST** be provided with this application form. Copies of documents will only be accepted if they have been **certified to be a true copy** by one of the following: a Justice of the Peace, Commissioner for Oaths, Police Officer, Solicitor, Bank Manager, Postal Manager, Pharmacist, Australian Defence Force Commissioned Officer, NCO or Warrant Officer; or the originals sighted by an authorised Health Professions Licensing Authority staff member. It is not recommended that you send originals by post. Certified copies will be retained on file.

You are advised to refer to the Explanatory Notes on page 4 of the application form to assist in providing the requirements as follows:

- Evidence of Name Change eg. Marriage Certificate, Divorce Decree or Deed Poll (*if applicable*).
- A written personal Character Reference dated within the last six months.
- For graduates of an Australian or New Zealand University accredited by the Australian Medical Council (AMC) – a copy of University qualification.
- All overseas graduates – evidence that you have completed all components of the AMC Certificate.
- Evidence of AMC number verifying lodging of primary source verification of documents (*overseas trained medical practitioners only*).
- Applicants with specialist qualifications – copy of specialist qualification.
- Written evidence confirming the satisfactory completion of a post-graduate intern year.
- Evidence of meeting English Language Proficiency requirements.
- A written reference from current employer or most recent employer, dated within the last six months.
- I have requested the required Certificate of Registration Status (Certificate of Good Standing) from the jurisdictions in which I have most recently been registered and all jurisdictions I have practised in within the preceding five years.
- Application and Registration Fee (*as below*).
- Proof of Identity totalling 100 points (*refer page 5*).

TO ASSIST IN THE TIMELY PROCESSING OF YOUR APPLICATION, PLEASE ENSURE THAT YOU HAVE ATTACHED THE ABOVE LISTED CERTIFIED DOCUMENTS TO YOUR COMPLETED APPLICATION FORM.

PAYMENT OPTIONS (*Fees are not subject to GST*)

A non-refundable application fee of \$20 and a refundable registration fee of \$280 in Australian dollars.

Total fees payable \$300.

It is recommended that you do not send cash via postal mail. Cash will be accepted at the Counter. Visa/Mastercard/Bankcard are the **only** Credit Cards accepted.

Fee of \$300 is enclosed payable by: Cheque Money Order

Card Type Visa MasterCard Bankcard

Card Number

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Expiry Date _____ / _____

Signature _____

Name (print) _____



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.
- 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.
- International English Language Test System (IELTS) with a score of at least 7.0 in all bands and an overall score of at least 7, **or** Occupational English Test (OET) with grade of A or B in each component to be obtained at the one sitting within the last two years, **or** completion of secondary schooling in a country where English is the native or first language, **or** meets another requirement of the Board’s current ‘English Language Proficiency Requirement for International Medical Graduates Policy’.
- A work place reference should be written within the previous 6 months. If you have not worked as a medical practitioner in this period, a reference from your last place of employment may be considered by the Board.



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.

