

APPLICATION FOR REGISTRATION/ENROLMENT
Mutual Recognition Act (Commonwealth) 1992, Section 19 Notice
Trans Tasman Mutual Recognition Act (Commonwealth) 1997, Section 18 Notice

I hereby apply for Registration / Enrolment / Authorisation to practise in a restricted practice area:

- | | | |
|---|---|---|
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Authorisation as a Midwife ⁺ | <input type="checkbox"/> Authorisation as an
Optometrist to supply ocular
therapeutics [^] |
| <input type="checkbox"/> Dental Specialist | <input type="checkbox"/> Authorisation as a Nurse
Practitioner | <input type="checkbox"/> Osteopath |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Direct Entry Midwife | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Dental Therapist | <input type="checkbox"/> Medical Practitioner [*] | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Dental Prosthetist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Enrolled Nurse | | |

⁺ **MIDWIVES** - If you are a Registered Nurse who has qualifications to practise in the restricted practise area of midwifery tick both the 'Registered Nurse' box and the 'Authorisation as a Midwife' box. You will need to pay a registration fee of \$75 plus the additional fee of \$25 for authorisation to practise in a restricted practice area (total fee \$100).

^{*} **MEDICAL PRACTITIONERS** - Please note that Medical Practitioners can only apply under the *Mutual Recognition Act* and are not eligible to apply under *Trans Tasman Mutual Recognition Act*.

[^] **OPTOMETRISTS** - If you are an Optometrist who has qualifications to practise in the restricted practise area of supplying ocular therapeutics please tick both the 'Optometrist' box and 'Authorisation to Supply Ocular Therapeutics' box. You will need to pay a registration fee of \$35 plus the additional fee of \$25 for authorisation to practise in a restricted practice area (total fee \$60).

PERSONAL DETAILS

SURNAME:

Dr Mr Mrs Miss Ms (please tick as appropriate)

GIVEN NAMES:

FORMER NAMES OR ALIASES: (if applicable)

DATE OF BIRTH:

____ / ____ / ____

COUNTRY OF BIRTH:

GENDER:

Male Female (please tick as appropriate)

POSTAL ADDRESS:

BUSINESS ADDRESS:

TELEPHONE NO:

(bh)

(ah)

(mobile)

FAX NO:

EMAIL:

QUALIFICATIONS

Educational qualifications (include institution and year of graduation):

QUALIFICATION	INSTITUTION	COMPLETED YEAR

*** PLEASE NOTE DOCUMENTS REQUIRED TO COMPLETE APPLICATION ON PAGE 4***

OTHER INFORMATION

Last practising position was at: _____

Dates held: From: _____ / _____ / _____ To: _____ / _____ / _____

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

Intended place of practice in the Northern Territory (if unknown please state): _____

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

If yes, what was your registration/enrolment/licence number? _____

NOTE: The Health Professions Licensing Authority may from time to time allow organisations to access names and business addresses only of practitioners registered in the Northern Territory, if the organisation can demonstrate and satisfy the Board that the use of the data will, or has, the potential to contribute to the acquisition of knowledge that may improve the health of the community.

PAYMENT OPTIONS (DO NOT SEND CASH)

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

Fee of \$_____ is enclosed payable by Cheque Money Order

Card Type Bankcard Visa MasterCard

Card Number

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Expiry Date _____ / _____

Signature _____ **Name (print)** _____

SCHEDULE OF FEES

Chiropractor	\$300	valid to 30 Sept	Medical Practitioner	\$150	valid to 30 Sept
Dentist	\$180	valid to 30 Sept	Occupational Therapist	\$40	valid to 30 Sept
Dental Specialist	\$180	valid to 30 Sept	Optometrist	\$35	valid to 30 Sept
Dental Hygienist	\$30	valid to 30 Sept	Osteopath	\$300	valid to 30 Sept
Dental Therapist	\$30	valid to 30 Sept	Pharmacist	\$35	valid to 30 Sept
Dental Prosthetist	\$30	valid to 30 Sept	Physiotherapist	\$70	valid to 30 Sept
Enrolled Nurse	\$75	valid to 30 Sept	Psychologist	\$40	valid to 30 Sept
Registered Nurse	\$75	valid to 30 Sept	Authorisation to practise in a restricted practice area - add	\$25	valid to 30 Sept
Direct Entry Midwife	\$75	valid to 30 Sept			

IMPORTANT - Please read the following before completing the rest of the form:

- If you are not able to answer 'true' to statements 3, 4, 5 and 6 in the Statutory Declaration you may **not be eligible** to lodge a notice under section 19 of the *Mutual Recognition Act* or section 18 of the *Trans Tasman Mutual Recognition Act* and should enquire with the Board as to how you should make an application for registration.
- If you are licensed with conditions please advise how you intend to satisfy these conditions in the Northern Territory.
- Incomplete notices of application, including omission of payment of the appropriate fee and required documents, will not be accepted by the Board resulting in deferment of the right to practise.
- Statements or information, which are materially false or misleading, may result in postponement or refusal of registration.



STATUTORY DECLARATION

COMMONWEALTH OF AUSTRALIA Statutory Declaration

NOTE: *All questions and statements must be completed (please tick appropriate box where applicable)*

I, _____
(Given Name) _____ (Surname)
of _____
(Address)

hereby seek registration/enrolment/licence/authorisation to practise in accordance with the mutual recognition principle and in support of my application do solemnly and sincerely declare as follows:

1. I am currently registered/enrolled/licensed/authorised to practise in the following State/Territory/Country, which is the State/Territory/Country on which I base my application for registration.

2. I also currently hold or have held registration/enrolment/licence/authorisation to practise in the following States/Territories/Countries:

3. I consent to the Health Professions Licensing Authority of the Northern Territory making enquiries of and the exchange of information with the authorities of any State/Territory/Country regarding my activities as a health practitioner. Yes No

4. I am not the subject of disciplinary proceedings in 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

5. My registration/enrolment/licence/authorisation has not been cancelled nor is it currently suspended as a result of disciplinary action in any State/Territory/Country. True False

6. I am not otherwise personally prohibited from carrying out practise as a health practitioner as a result of criminal, civil or disciplinary proceedings in any State/Territory/Country. True False

7. My registration in another State/Territory/Country is not subject to any other special conditions, limitations or restrictions. True False

8. I am not suffering from a mental or physical disability, which would prevent me practising efficiently. True False

9. I have not practised unlicensed 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 *Statutory Declarations Act 1959* of the Commonwealth and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

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), if applicable: _____

Address or telephone number of witness: _____

The Statutory Declaration may be signed by a Justice of the Peace, Solicitor or by a person authorised within your State/Territory/Country to witness statutory declarations/affidavits. Only if you are physically located in the Northern Territory, then the declaration may be witnessed before any person who has attained the age of 18 (eighteen) years.

DOCUMENTS AND OTHER REQUIREMENTS FOR REGISTRATION

The following documents **MUST** be provided with this application form. Photocopies will only be accepted if they have been **certified to be a true copy** by: 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.

- Evidence of current registration/enrolment in Australian or New Zealand (*Annual Practising Certificate or Certificate of Registration issued within the last 12 months*).
- Proof of Identity (*Provide one of the following: Drivers Licence; Passport; Birth Certificate; or Statutory Declaration attesting to the applicant's identity or other form of official identification*).
- Evidence of Name Change (Marriage Certificate, Divorce Decree or Deed Poll)
- An application and registration fee in Australian dollars (*see Payment Options and Schedule of Fees sections of this form*).
- All parts of application form completed in full.

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

On completion of your application form please send your application and supporting documentation by one of the following methods to Health Professions Licensing Authority:

Post: Health Professions Licensing Authority
GPO Box 4221
Darwin NT 0801

Hand Deliver: 2nd Floor Harbour View Plaza
Cnr McMinn & Bennett Streets
Darwin NT 0800

Facsimile: +61 8 8999 4196

If you have any queries regarding your application please contact us on:

Phone: +61 8 8999 4157

Email: healthprofessions.ths@nt.gov.au