

**INTERNATIONAL MEDICAL GRADUATE
APPLICATION FOR AREA OF NEED CONDITIONAL REGISTRATION
HOSPITAL MEDICAL OFFICER
*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 _____

RECRUITING AGENCY: _____

CONTACT DETAILS: bh _____ ah _____ mob _____

fax _____ email _____

REGISTRATION PATHWAYS

From 1 July 2008 all new applicants are required to comply with the new national assessment processes and be following one of the pathways towards the Australian Medical Council (AMC) Certificate (refer Explanatory Notes) or an Australian Specialist Qualification.

Which Pathway are you eligible for? (*please tick appropriate box*)

Competent Authority Pathway Standard Pathway

QUALIFICATIONS

Educational qualifications (include institution and year of graduation):

| QUALIFICATION | INSTITUTION | COMPLETED YEAR |
|---------------|-------------|----------------|
| | | |
| | | |
| | | |
| | | |

SUMMARY OF ALL EXPERIENCE SINCE QUALIFYING

| PRACTICE HISTORY (ensure details of practice are included in the CV attached to this application) | PERIOD OF PRACTICE | |
|--|--------------------|----|
| | FROM | TO |
| | | |
| | | |
| | | |
| | | |
| | | |

OTHER INFORMATION

Date commencing practice in the Northern Territory: / /

Place of practice in the Northern Territory: _____

Position Title: _____

CONDITIONS FOR ISSUE OF CONDITIONAL REGISTRATION IN AREA OF NEED

1. The position applied for is to fill an unmet Area of Need.
2. Work in an Area of Need is for a specific location and period of time.
3. Registration in the NT will depend on an application on the approved form being fully completed and approved by the Board.
4. Any change of practice conditions (eg: location, supervisor) will require the prior approval of the Board.
5. A termination of your employment contract must be notified immediately to the Board, and your intended next destination must also be advised. If this is also an Area of Need in the Northern Territory the new employer will be required to submit an Application for Area of Need Approval form to the Board for its approval prior to changing your place of employment.
6. Conditional Registrants in Area of Need positions are required to demonstrate progress towards completing the applicable pathway to achieving the AMC Certificate, or if relevant, a qualification recognised by an Australian Specialist College, within five years of first registration in Australia.
7. Any breach of conditions may result in the review and/or cancellation of registration.

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)** _____



STATUTORY DECLARATION

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

Caution: Under Section 106 of the *Health Practitioners Act 2004* it is an offence to make a false or misleading statement.

I do solemnly and sincerely declare that,

1. I am currently registered or have held registration in the following States/Territories/Countries (*provide all jurisdictions*):

- | | | |
|--|-------------------------------|--------------------------------|
| 2. I have practised as a medical practitioner within the past 3 years. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 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 <input type="checkbox"/> | False <input type="checkbox"/> |
| 4. I have reviewed my practise and I am a competent practitioner. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 5. I will have professional indemnity arrangements in place if I practise in the Northern Territory. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 6. I am participating in continuing professional development activities. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 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 <input type="checkbox"/> | False <input type="checkbox"/> |
| 8. I am not the subject of disciplinary proceedings, nor preliminary investigations or action that might lead to disciplinary proceedings in relation to my practise as a health practitioner in any State/Territory/ Country. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 9. I do not have any current conditions, limitations, or undertakings relating to my registration in any State/Territory/Country. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 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 <input type="checkbox"/> | False <input type="checkbox"/> |
| 11. 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 <input type="checkbox"/> | False <input type="checkbox"/> |
| 12. I do not have any current proceedings claiming damages or other compensation against me in any State/Territory/Country. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 13. I am not currently practising in the Northern Territory. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 14. I will demonstrate progress towards and/or complete the Australian Medical Council Certificate, or if relevant, a qualification recognised by a Australian specialist medical college, within 5 years of initial registration to work in an Area of Need position. | True <input type="checkbox"/> | False <input type="checkbox"/> |

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. Alternatively, the originals can be 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 5 and 6 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.
- Competent Authority Pathway - certified copy of a Certificate of Advanced Standing towards Australian Medical Council Certificate; **or**
- Standard Pathway – Evidence of successful completion of the AMC Multiple Choice Questions (MCQ) Examination (on-shore or offshore); **or**
- AMC Certificate, if already obtained.
- Evidence of AMC number verifying lodgement of primary source verification of documents.
- Evidence of meeting English Language Proficiency requirements.
- Primary medical qualification issued by a medical school recognised by the Foundation of Advancement of International Medical Education and Research (FAIMER).
- Written evidence confirming the satisfactory completion of a post-graduate intern year.
- Evidence from the Applicant's intending employer confirming an employment offer.
- Full and detailed Curriculum Vitae as per *Explanatory Notes*.
- A written reference from current employer dated within the last six months (or most recent employer).
- A detailed Supervision Report written in the last six months or from the last place of employment in Australia (required by applicants who have held/currently hold registration anywhere in Australia).
- Application and Registration Fee (*refer Page 2*).
- Proof of Identity totalling 100 points (*refer page 6*).
- 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.

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.



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.

Other

- Practising unregistered and or unlicensed in the Northern Territory is an offence pursuant to section 101 of the *Health Practitioners Act 2004*.
- A certified copy is a duplicate copy of an original document certified by an authorised person as listed on Page 4.

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.
- 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 If you are not eligible under this pathway you will need to follow the Standard Pathway or the Specialist Pathway. Refer to the Board’s Entitlement to Registration Policy for further details.
- Applicant’s must provide evidence that they have applied for primary source verification of qualifications and any other documents specified by the Board via the AMC. Please refer to the AMC website www.amc.org.au to make an application for verification where an AMC number verifying



documents have been lodged will be issued. This number must accompany the application for registration. Finalising the verification of documents through the AMC will not delay issuing of conditional registration and the Board will review the registration as required when the verification of documents is provided by the AMC.

- English language proficiency requirements refer to the Board's current 'English Language Proficiency Requirement for International Medical Graduates Policy'.
- A full Curriculum Vitae (CV) must describe the nature, extent and period of any practice since qualifying as a medical practitioner. Details of the nature of practice eg. clinical, continuing education, research, study, teaching or administration should be provided. Any gap in working history *must* be explained. The CV must contain a signed and dated statement by the applicant that "*the Curriculum Vitae is true and correct as at (insert a date no greater than 8 weeks prior to submitting this application for registration)*". The Board will only accept the original signed CV.
- A work place reference should be written within the previous six months, however if you have not worked as a medical practitioner in this period, the Board may consider a reference written from your last place of employment/work as a medical practitioner.
- Applicant's who have been registered to work in any Australian jurisdiction must provide the most recent Supervision Report. If such employment is current the report must be written within the last six months and from the current and or most recent supervisor.
- 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 five years), and **must be requested by you to be sent directly** to the Medical Board of the Northern Territory.

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.

