



Application for provisional registration and supervised practice for students completing an approved program of study in Australia

Profession: Pharmacy

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

This form is for students of Australian academic institutions who are completing their studies and who have never been registered or practised as a health practitioner in Australia or overseas. This is an application for provisional registration to undertake a period of supervised practice approved by the Pharmacy Board of Australia (the Board) in order to be eligible for general registration in Australia. Before the period of supervised practice may commence, it must be approved by the Board.



Before the period of supervised practice may be commenced, it must be approved by the Board.

Any supervised practice undertaken without Board approval will not count towards your eligibility for general registration. **Before any approved supervised practice is undertaken**, either Part B of this application or the *AASP-60 – Application for approval of supervised practice* form **must** be lodged with and approved by the Board.

If you have **already arranged** a supervised practice placement:

- complete Parts A, B and C of this form.

If you have **not yet arranged** a supervised practice placement:

- complete Parts A and C of this form. Once you have arranged a supervised practice placement, you must complete the form *AASP-60 – Application for approval of supervised practice* form which can be found at www.pharmacyboard.gov.au

This application must be lodged, with all supporting documents, in the capital city of the state or territory where the approved program of study has been completed. It is important that you refer to the Board's registration guidelines before completing this application. Registration standards, codes and guidelines can be found at www.pharmacyboard.gov.au



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.

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.



Mail document(s) directly to Ahpra

Requires delivery of documents by an organisation or the applicant.

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:
- If you are completing this application on a computer you **must** use either Adobe Acrobat® or Adobe Reader® (version 7 or above).
- **DO NOT send original documents unless specified.**



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



PART A – Provisional registration application

SECTION A: Application criteria

1. Are you a new graduate or are you currently completing your studies relating to this application?

YES

NO



You must be a student of an Australian academic institution.



You are not eligible to use this application form. To apply for provisional registration please complete application form *APRO-60 – Application for provisional registration as a pharmacist*, which can be found at www.pharmacyboard.gov.au.

2. Have you ever been registered or practised as a health practitioner in Australia or overseas?

YES

NO



You are not eligible to use this application form. To apply for provisional registration please complete application form *APRO-60 – Application for provisional registration as a pharmacist*, which can be found at www.pharmacyboard.gov.au.



3. At what academic institution are you completing your study?

Name of institution

State/Territory
 VIC NSW QLD SA WA NT TAS ACT

4. What is your student identification number?

Student identification number

SECTION B: Personal details



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

5. What is your name?

Title*
 MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board. For more information, see *Change of name* in the *Information and definitions* section of this form.

6. What are your birth and personal details?

Date of birth / /

Country of birth

City of birth

State/Territory of birth (if within Australia)
 VIC NSW QLD SA WA NT TAS ACT

Sex*
 MALE FEMALE INTERSEX/INDETERMINATE

Languages spoken fluently other than English (optional)*



SECTION C: Contact information



Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au and

- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
- log in to your Ahpra account to change your details online.

7. 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 next question for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

Site/Building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State or territory (e.g. VIC, ACT)/**International province*** **Postcode/ZIP***

Country (if other than Australia)

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

YES

NO *Provide your Australian principal place of practice below*



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.

Site/Building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State/Territory* (e.g. VIC, ACT) **Postcode***



9. What is your mailing address?



Your mailing address is used for postal correspondence

- My residential address
- My principal place of practice
- Other (*Provide your mailing address below*)

Site/Building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)/**International province** **Postcode/ZIP**

Country (if other than Australia)

10. 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

Email



SECTION D: Proof of identity

i You must provide proof of your identity with this application. Please refer to the *Proof of identity requirements* available at www.ahpra.gov.au/identity.
 You **must** provide one document from each category A, B and C, and one document from category D if the document supplied for category B or C does not contain evidence of a current Australian residential address.

11. Are you applying for registration from outside of Australia AND unable to provide evidence from each category?

YES

NO **Go to the next question**

Attachment required below – then go to Section E: Qualification for the profession



You **must** attach a certified copy of a foreign passport (an EU card is not acceptable).

Your certified copy **must** include:

- a certified copy of the identity information page (the photo page), and
- an official English translation of your passport (if your passport is in a language other than English). Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.

i If you are applying for registration from outside of Australia and are unable to provide evidence from each category, you will be required to meet the minimum identity requirements. Refer to www.ahpra.gov.au/identity for further information.

12. Which documents from each category will you provide for proof of identity?

i You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least **one** document must be in the applicant's current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

Choose proof of identity documents to submit: (A document may only be used once for any category)


Documents	Category used:			Documents	Category used:		
	A	B	C		A	B	C
Australian birth or adoption certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian financial institution account	NA	NA	<input checked="" type="checkbox"/>
Australian visa (Foreign passport must be selected as evidence for Category B)	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian Medicare card	NA	NA	<input checked="" type="checkbox"/>
ImmiCard	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian PAYG payment summary	NA	NA	<input checked="" type="checkbox"/>
Australian citizenship certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian motor vehicle registration	NA	NA	<input checked="" type="checkbox"/>
Australian passport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian Taxation Assessment Notice	NA	NA	<input checked="" type="checkbox"/>
Australian motor vehicle licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian insurance policy	NA	NA	<input checked="" type="checkbox"/>
Foreign passport	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian pension/healthcare card	NA	NA	<input checked="" type="checkbox"/>
Australian Working with Children/ Vulnerable People Card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Category D documents			
Australian firearms or shooter's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
Australian student ID card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I have used a Category B or C document that has my current residential address			<input checked="" type="checkbox"/>
Intl. or foreign motor vehicle licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian rate notice			<input checked="" type="checkbox"/>
Australian proof of age card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Current Australian lease or tenancy agreement			<input checked="" type="checkbox"/>
Australian government benefits	NA	NA	<input checked="" type="checkbox"/>	Australian utility account			<input checked="" type="checkbox"/>
Australian academic transcript	NA	NA	<input checked="" type="checkbox"/>	Australian electoral enrolment card			<input checked="" type="checkbox"/>
Australian registration certificate	NA	NA	<input checked="" type="checkbox"/>				




You **must** attach a certified copy of **all** proof of identity documents that you have indicated above.



SECTION E: Qualification for the profession

-  Registration as a provisional pharmacist is dependent on the Board being satisfied that the applicant is entitled to complete a period of supervised practice required to be eligible for general registration. You **must**:
- hold qualifications required for general registration,
 - meet the mandatory Registration standard: Supervised practice arrangements, and
 - be eligible in accordance with section 62 of the National Law.

13. What are the details of your qualifications and examinations/assessments?

 As a student completing studies at an Australian university you may not yet have your qualification conferred, and are therefore unable and not required to provide a copy of your degree with your application. Your application will be processed when the Board receives advice direct from the relevant university that you have met the requirements of the course and are entitled to the qualification. For more information see *Certifying documents* in the *Information and definitions* section of this form.

Primary qualification and examinations/assessments

Title of qualification


Name of institution (University/College/Examining body)

Country

Start date Completion date Length of program

/

 /

 If you have received your academic qualification you **must** attach a certified copy.


SECTION F: Suitability statements

 Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision. Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to www.pharmacyboard.gov.au/Registration-Standards for further information.

14. Do you have any criminal history in Australia?

 It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section of this form.

YES NO


 You **must** attach a signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances.

15. Do you have any criminal history in one or more countries other than Australia?

NO  **Go to the next question**


YES **You are required to:**


- **obtain an international criminal history check from an approved vendor for each country and provide details below, and**
- **provide details of your criminal history in a signed and dated written statement.**


 For more information, see *Criminal history* in the *Information and definitions* section of this form.

If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to www.ahpra.gov.au/internationalcriminalhistory.

Country	Check reference number

 You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

 You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

 You **must** attach a signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances.



16. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?

NO **Go to the next question**

YES **You are required to obtain an international criminal history check from an approved vendor for each country and provide details below**

i If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to www.ahpra.gov.au/internationalcriminalhistory.

Country	Check reference number

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

All applicants must demonstrate English language competency via one of the following pathways:

i An evidence requirements guide is available at www.ahpra.gov.au/EnglishLanguageSkills. *Recognised country* means one of the following countries:

- Australia
- New Zealand
- South Africa
- United States of America.
- Canada
- Republic of Ireland
- United Kingdom

Combined secondary and tertiary education pathway

You have undertaken and satisfactorily completed:

- at least two years of secondary education that was taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English in a recognised country.

Extended education pathway

You have undertaken and satisfactorily completed at least six years' (full time equivalent) continuous education taught and assessed solely in English, in any of the recognised countries, which includes tertiary qualifications in the profession on which you are relying to support your eligibility for registration under the National Law.

Primary language pathway

With overseas qualification in a non-recognised country
English is your primary language and you have undertaken and satisfactorily completed:

- all of your primary and secondary education taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

English language test pathway

You have achieved the required minimum scores in one of the approved English language tests and meet the requirements for test results specified in the Board's *Registration standard: English language skills*.

17. Which one of the English language competency pathways do you meet?

i Ahpra may verify the information you provide below. For more information, see *English language skills* in the *Information and definitions* section of this form.

i If a qualification that was relied on for registration is not an approved program of study, you **must** provide confirmation that the course was taught and assessed solely in English. A list of approved programs of study is available at www.ahpra.gov.au/Education/Approved-Programs-of-Study

- Combined secondary and tertiary education pathway **Provide details of secondary and tertiary education in the table on the next page, then go to question 21**
- Extended education pathway **Provide details of secondary, vocational and tertiary education in the table on the next page, then go to question 21**
- Primary language pathway This is a declaration that English is your primary language **Provide details of primary, secondary and tertiary education in the table on the next page, then go to question 21**
- English language test pathway **Go to question 18**



Complete the following table of education undertaken in chronological order (earliest to most recent):

Timeframe	Level of education	Program name <i>If applicable</i>	Education institution <i>Specify name and address</i>	Recognised country <i>If applicable</i>	Study status
Study commenced: MM YYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM YYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MM YYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM YYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MM YYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM YYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				



Please attach a separate sheet with any additional details that do not fit in the space provided above.

If a qualification specified above was relied on for registration and is **not** an approved program of study, you **must** provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English.

If the transcript does not confirm that the course was taught and assessed solely in English, you **must** arrange for a letter in the required form to be provided directly to Ahpra by the education provider confirming that the course was taught and assessed solely in English.

18. Were your results from the English language tests obtained in one or two sittings?



In certain circumstances, you can use English language test results from a maximum of two test sittings in a six month period. For more information, refer to the Board's *Registration standard: English language skills*.

One sitting Provide date of test below, then go to the next question and complete details for one sitting

Two sittings Provide dates below, then go to the next question and complete details for both sittings

Sitting one DD / MM / YYYYY

Sitting two DD / MM / YYYYY

19. Which of these English language tests have you successfully completed?

Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results.

International English Language Test System (IELTS) Academic module

Test report form number – sitting one:

Test report form number – sitting two (if applicable):

The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

Occupational English Test (OET)

Candidate number – sitting one:

Candidate number – sitting two (if applicable):

The Board requires the OET with a minimum score of B or 350 in each of the four components (listening, reading, writing and speaking).

Pearson Test of English Academic (PTE Academic)

Registration ID – sitting one:

Registration ID – sitting two (if applicable):

The Board requires the PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

Test of English as a Foreign Language internet-based test (TOEFL iBT)

Registration number – sitting one:

Registration number – sitting two (if applicable):

The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.



If your English language test(s) were completed within the past two years, you **must** provide a copy of your test results, including the reference number(s), so that Ahpra can verify your results.
If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.



20. Were your results from the above-mentioned English language tests obtained in the past two years?

YES

NO



In order for your results to be accepted, within 12 months of completing your test(s) you must have commenced:
• continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice, and/or
• continuous enrolment in an approved program of study.

You must lodge this application within 12 months of completing the employment and/or program of study.



You must attach a certified copy of your English language test results, and:

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner in a recognised country (if you are relying on a period of continuous employment of greater than two years duration, only the last two years must be evidenced in the letter), and/or
• an academic transcript evidencing that you were enrolled continuously in a Board-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

21. Do you commit to have appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period?



For more information, see Professional indemnity insurance in the Information and definitions section of this form.

YES

NO

22. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?



For more information, see Impairment in the Information and definitions section of this form.

YES

NO



You must attach to this application details of any impairments and how they are managed.

23. Have you arranged a supervised practice placement?

YES

Go to Part B: Supervised practice approval

NO

Please read the information below – then go to Part C: Obligations, payment and checklist



Once you have arranged a supervised practice placement, you must complete the form Application for approval of supervised practice – AASP-60 which can be found at www.pharmacyboard.gov.au.

PART B – Supervised practice approval

SECTION G: Supervised practice details

24. Why are you undertaking supervised practice?

Choose appropriate option



I am applying for provisional registration in this application, and have successfully completed or am in the process of completing a course in pharmacy practice approved by the Board.

Name of institution (University/College/Examining body)

Text input field for institution name

Title of qualification (e.g. BPharm)

Text input field for qualification title



Other (Provide details below)

Large text area for providing details for other reasons



Attach a separate sheet if all your reasons for undertaking supervised practice does not fit in the space provided.



25. How many hours of supervised practice are you seeking approval for?

Hours

26. What is the proposed commencement date of supervised practice under this application?

Supervised practice may not commence prior to lodgement and approval of this application for provisional registration and approval of supervised practice.

Proposed commencement date
 / /

SECTION H: Applicant's declaration

Supervised practice can only commence once this application has been approved. The applicant and preceptor will receive email notification from Ahpra of receipt of this application, and the outcome of this application.

I declare that the information contained in this application about me is true and correct.
 I confirm that the supervised practice arrangements proposed in this application **will not commence** until I have confirmed on the public register that the supervised practice details have been recorded in the *Notations – Registration Requirements* field on my registration record.

Name of applicant/registrant

Date
 / /

Signature of applicant/registrant

SECTION I: Premises details

This section **must** be completed by the **pharmacist in charge or director of pharmacy**.

27. What is your premises type?

Community pharmacy Industry
 Hospital pharmacy department School of pharmacy

28. What are the name and address details of your premises?

Site name

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State/Territory* (e.g. VIC, ACT) Postcode*

You **must** attach a separate sheet with details of any additional premises which are to be included in the training program.



29. What are the contact details for your premises?

Business hours

Mobile


Facsimile

Email

30. What is the average number of pharmacists who work at the premises?

Average number of pharmacists who hold general registration on premises

31. How many other interns (provisionally registered pharmacists), apart from the intern named on this application, undertake supervised practice at the premises?

 Supervised practice hours may only be undertaken in premises where the total number of provisionally registered pharmacists does not exceed the total number of supervising pharmacists at any time.

Number of other interns at premises

32. Who is the proprietor(s) of the premises?

Title MR MRS MISS MS DR OTHER

Family name of proprietor

First given name


Middle name(s)

Title MR MRS MISS MS DR OTHER

Family name of proprietor

First given name

Middle name(s)

 You **must** attach to this application a separate sheet with any additional proprietor information if required.

33. What is the name of the pharmacist in charge or director of pharmacy?

Title MR MRS MISS MS DR OTHER

Family name of the pharmacist in charge or director of pharmacy

First given name

Middle name(s)

Preferred name

Sex MALE FEMALE



34. What are the range of pharmacy services provided at these premises?

Mark all options applicable to your application

- Services to residential care facilities
- Filling of dose administration containers
- Services to private hospitals
- Clinical pharmacy
- Drug information
- Outpatients
- Dispensing
- Methadone supply
- Educational talks to community groups
- Diagnostic testing (e.g. blood glucose monitoring)
- Non-sterile manufacturing
- Sterile manufacturing
- Cytotoxic manufacturing
- Other (*please specify below*)

Certification of compliance for hospital pharmacy departments and community pharmacies

I certify that these premises comply with the approval requirements of the pharmacy approval authority in this jurisdiction.

Name of pharmacist in charge or director of pharmacy

Date

 / /

Signature of pharmacist in charge or director of pharmacy



SIGN HERE



39. Have you accessed the *Intern pharmacist and preceptor guide* and are you aware of your responsibilities as a preceptor?

YES

NO



Preceptor responsibilities

The Board's *Intern pharmacist and preceptor guide* outlines the Board's expectations of preceptors conducting supervised practice, including their responsibilities and how they should prepare adequately for their role. The Board advises pharmacists who are seeking approval to conduct supervised practice to undertake a preceptor training program.

The *Intern pharmacist and preceptor guide* includes sample training programs to assist preceptors in developing an on-site training program to be conducted throughout the period of supervised practice, and advice regarding the conduct of formal discussion time during training. Information and training is also available from the intern training program provider.

The guide is published on the Board's website at www.pharmacyboard.gov.au/Internship

40. How many hours each week do you have contact with the intern?



For more information, see *Supervision of interns* at the start of *Section K: Preceptor details* in this form.

Hours

SPECIFY

41. What continuing professional development (CPD) have you taken within the past 12 months?



For more information, see *Continuing professional development* in the *Information and definitions* section of this form.

Provide details of any CPD you have undertaken in the last 12 months

Form area with horizontal dashed lines for entering CPD details.



Attach a separate sheet if all your CPD details do not fit within the space provided.

SECTION K: Preceptor's declaration



The preceptor **must** sign below. All correspondence to preceptors will be sent to the training site address if an email address has not been provided. The applicant and preceptor will receive email notification from Ahpra of receipt of this application, and the outcome of this application.

I declare that the information contained in this application about me is true and correct.

I confirm that the applicant's supervised practice arrangements proposed in this application **will not commence** until I have confirmed on the public register that the supervised practice details have been recorded in the *Notations – Registration Requirements* field on the applicant's registration record.

Name of preceptor

Text input field for Name of preceptor

Date

Date input field with DD / MM / YYYY format

Signature of preceptor

Signature area with a pencil icon and the text 'SIGN HERE'



PART C – Obligations, payment and checklist

SECTION L: Obligations, 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.

Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event means—*
 - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
 - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
 - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
 - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
 - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
 - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
 - g) a complaint is made about the practitioner to the following entities—
 - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
 - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
 - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
 - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
 - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
 - h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
 - a) a change in the practitioner's principal place of practice;
 - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
 - c) a change in the practitioner's name.

Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
 - a) information about whether the practitioner is employed by another entity;
 - b) if the practitioner is employed by another entity—
 - (i) the name of the practitioner's employer; and
 - (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.



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 my 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 Advertising 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

 / /



SECTION M: Payment



You are required to pay **both** an application fee and a registration fee.

Your required payment is detailed below:

Application fee:	Registration fee:	Amount payable:
\$145	\$216	\$361
+ =		
Applicants must pay 100% of the stated fees at the time of submitting the application.		



Registration period

Provisional registration is granted for a period of 12 months commencing from the date provisional registration is granted.

Refund rules

The application fee is non-refundable. The registration fee will be refunded if the application is not approved.

42. How are you paying your fees?



Payment by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank. A receipt will be provided.

Mark one box below only



Visa or Mastercard
Complete credit/debit card payment slip below



Cash/EFTPOS
(only available if paying in person)



Cheque/Money order/Bank draft



You **must** attach cheque or money order payable to the Australian Health Practitioner Regulation Agency.



- On the back of the cheque, money order or bank draft, you **must** write your:
- name, and
 - registration number (if applicable).

Credit/Debit card payment slip – please fill out

Amount payable

Visa or Mastercard number

Expiry date

Name on card

Cardholder's signature

SIGN HERE



SECTION N: Checklist

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

<i>Additional documentation</i>		Attached
Question 5	Evidence of a change of name	<input type="checkbox"/>
Question 11	A certified copy of a foreign passport	<input type="checkbox"/>
Question 12	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 13	Certified copies of your relevant academic qualifications	<input type="checkbox"/>
Question 14	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Question 15	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
Question 15	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	<input type="checkbox"/>
Questions 15 & 16	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question 16	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
Question 17	A separate sheet with any additional qualification details	<input type="checkbox"/>
Question 17	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
Question 19	Copy of your English language test results	<input type="checkbox"/>
Question 20	Certified copy of your English language test results	<input type="checkbox"/>
Question 20	Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	<input type="checkbox"/>
Question 22	A separate sheet with your impairment details	<input type="checkbox"/>
Question 24	A separate sheet with your additional reasons for undertaking supervised practice	<input type="checkbox"/>
Question 28	A separate sheet with details of additional premises	<input type="checkbox"/>
Question 32	A separate sheet with additional proprietor information	<input type="checkbox"/>
Question 36	A separate sheet with reasons for why the criteria should not be applied	<input type="checkbox"/>
Question 41	A separate sheet detailing any continuing professional development	<input type="checkbox"/>
Payment		
	Application fee	<input type="checkbox"/>
	Registration fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	<input type="checkbox"/>

Please post this form with required attachments to:

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (*refer below*)

You may contact Ahpra on
 1300 419 495 or you can lodge an enquiry
 at www.ahpra.gov.au

Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001
 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801



Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

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
- 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, 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 in hard copy by mail or in person (not by fax, email, etc). 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

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.

CRIMINAL HISTORY

Criminal history includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The Board will decide whether your criminal history is relevant to the practice of your profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. But if you have not given us certified proof of identity documents since October 2019, you will need to do this first.

Any document containing a photograph must be annotated with the statement *'I certify that this a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'*

You may be required to obtain international criminal history reports.

For more information, view the full registration standard online at

www.pharmacyboard.gov.au/Registration-Standards

and the requirements for supplying proof of identity and certified documents at www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity and www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents

ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence of English language skills that meet the Board's *Registration standard: English language skills* which can be found at

www.pharmacyboard.gov.au/Registration-Standards

IMPAIRMENT

The National Law defines impairment as 'a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession'.

An illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples you do not need to tell us about include:

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan.

The National Law requires you to declare any such impairments at the time of renewal, including details of the impairment and how it is managed.

PRACTICE

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct non-clinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise as pharmacist in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard.

Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of your practice. You may be covered by your Australian employer's PII - you will need to confirm this with your employer.

A policy must include an approved level of cover of not less than \$20 million for any single claim (i.e. for each claim), or for all claims in the aggregate, that may be made against the pharmacist. When you decide to cease practice, you must take out appropriate run-off cover for matters that would otherwise be uncovered arising from previous practice as a registered pharmacist.

For more information, view the full registration standard online at

www.pharmacyboard.gov.au/Registration-Standards