



# Application Form (M2) – Specialist Registration

## 1a. Your details

Title Please check appropriate box	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (please specify) .....			
Family Name / Surname				
Given Names				
Previous Names (If applicable)				
Date of Birth dd / mm / yyyy			Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Place of Birth	Country of Birth		City/Town of Birth	
Postal Address  <i>Note: changes to this address must be notified to the Board</i>			State	Postcode
Is your postal address also your residential address? <b>If you answer 'Yes', the Board will not publish your address on the Public Register.</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contact Telephone Numbers	Day	Mobile	After Hours	
Email Address	<b>Note:</b> This is the address to which all correspondence from the Board will be sent, including updates on your application status.			
<b>[if applicable]</b> Please provide the name of your prospective employer and / or recruitment agency for any required exchange of information relevant to this application	Employer:  Recruitment agency:			

## 1b. Your registration status in Queensland

I currently hold general registration as a medical practitioner in Queensland <b>If you answer 'Yes', please provide your registration number (if known).</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I currently hold special purpose registration as a medical practitioner in Queensland. <b>If you answer 'Yes', please provide your registration number (if known).</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>You are required to provide an Assessment Report [Form 103] from your current supervisor to support this application</b>	_____
I currently hold special purpose registration as a medical practitioner in Queensland. <b>If you answer 'Yes', please provide your registration number (if known).</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>You are required to provide an Assessment Report [Form 103] from your current supervisor to support this application</b>	_____
In the event that my application for specialist registration is approved, I wish to cease my special purpose registration.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have previously been registered with the Medical Board of Queensland and this registration is no longer current? <b>If you answer 'Yes', please provide your registration number (if known).</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 2. Nominate the specialty field(s) in which you are seeking registration

Please check the relevant specialty field(s)

<input type="checkbox"/>	Anaesthetics	<input type="checkbox"/>	Medical oncology
<input type="checkbox"/>	Anatomical Pathology	<input type="checkbox"/>	Neurology
<input type="checkbox"/>	Cardiology	<input type="checkbox"/>	Neurosurgery
<input type="checkbox"/>	Cardio-thoracic surgery	<input type="checkbox"/>	Nuclear medicine
<input type="checkbox"/>	Chemical pathology	<input type="checkbox"/>	Obstetrics and gynaecology
<input type="checkbox"/>	Clinical genetics	<input type="checkbox"/>	Occupational medicine
<input type="checkbox"/>	Clinical haematology	<input type="checkbox"/>	Ophthalmology
<input type="checkbox"/>	Clinical immunology	<input type="checkbox"/>	Oral and maxillofacial surgery
<input type="checkbox"/>	Clinical pharmacology	<input type="checkbox"/>	Orthopaedics
<input type="checkbox"/>	Dermatology	<input type="checkbox"/>	Oto-laryngology-head and neck surgery
<input type="checkbox"/>	Diagnostic radiology	<input type="checkbox"/>	Paediatrics
<input type="checkbox"/>	Emergency medicine	<input type="checkbox"/>	Paediatric surgery
<input type="checkbox"/>	Endocrinology	<input type="checkbox"/>	Pain medicine
<input type="checkbox"/>	Gastroenterology	<input type="checkbox"/>	Palliative medicine
<input type="checkbox"/>	General surgery	<input type="checkbox"/>	Pathology
<input type="checkbox"/>	Geriatrics	<input type="checkbox"/>	Plastic and reconstructive surgery
<input type="checkbox"/>	Gynaecological oncology	<input type="checkbox"/>	Psychiatry
<input type="checkbox"/>	Haematology	<input type="checkbox"/>	Public health medicine
<input type="checkbox"/>	Immunopathology	<input type="checkbox"/>	Radiation oncology
<input type="checkbox"/>	Infectious diseases	<input type="checkbox"/>	Rehabilitation medicine
<input type="checkbox"/>	Intensive care	<input type="checkbox"/>	Renal medicine
<input type="checkbox"/>	Internal medicine (must have advanced training in general medicine)	<input type="checkbox"/>	Rheumatology
<input type="checkbox"/>	Medical administration	<input type="checkbox"/>	Thoracic medicine
<input type="checkbox"/>	Medical genetics	<input type="checkbox"/>	Urology
<input type="checkbox"/>	Medical microbiology	<input type="checkbox"/>	Vascular Surgery

### 3a. Qualifications and examinations

<b>QUALIFICATIONS</b>			
<i>Note: List all qualifications starting with the earliest qualification gained. Evidence of qualification must be attached.</i>			
Degree/Diploma/Certificate	University/College/Examining Body	Country	Year Conferred
Have any of the qualifications listed above been withdrawn, suspended or cancelled by the conferring authority?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the holder of - <ul style="list-style-type: none"> <li>• an Australian or New Zealand primary qualification;</li> <li>• or the holder of an Australian Medical Council Certificate; or</li> <li>• general/unconditional registration in another Australian State or Territory</li> </ul> <i>If you answer 'Yes', AND you do not currently hold general registration in Queensland you are required to complete , and submit with this application, the relevant application for general registration [Form M1] or, if you are currently registered in another Australian State or Territory, Form MR (mutual recognition)</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 3b. Verification of qualifications

<p><b>To submit this form you must have applied to the Australian Medical Council (AMC) to have your qualifications verified OR show that you are exempt from this requirement</b></p> <p>The AMC will verify your qualifications through the International Credentials Service of the Educational Commission for Foreign Medical Graduates of the United States (EICS verification).</p> <p>The verification will be sent directly to the Medical Board of Queensland.</p> <p>Visit <a href="http://www.amc.org.au">www.amc.org.au</a> and select International Medical Graduates then Verification.</p> <p><b>Select one of the two options below</b></p>	
(a) I am exempt from the requirement to obtain verification of my qualifications	<input type="checkbox"/> I am currently registered with the Medical Board of Queensland <input type="checkbox"/> I hold a primary qualification from an Australian or New Zealand Medical School <input type="checkbox"/> I currently hold general/unconditional registration in another Australian State or Territory.
(b) I have applied to the Australian Medical Council (AMC) to have my qualifications verified	Yes <input type="checkbox"/> No <input type="checkbox"/>
AMC Reference number	_____

## 4a. Registration history – medical practitioner

(a) In which jurisdiction (country/state) did you first register as a medical practitioner?	_____	Year _____
(b) Have you submitted an application for registration as a medical practitioner and /or specialist to any other registration authority and that application remains under consideration? <i>If 'Yes', give details.</i>  Authority:  Date Lodged:  Status:		Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Have you ever been refused registration as a medical practitioner and/or specialist with any registration authority? <i>If 'Yes', give details:</i>  Authority:  Reason for refusal:		Yes <input type="checkbox"/> No <input type="checkbox"/>

## 4b. Registration history – health practitioner

<i>The term 'health practitioner' in this section (and in 'Fitness to Practise' section) includes any registered provider of services directed at maintaining, improving or restoring people's health and wellbeing (e.g. dentist, physiotherapist, nurse). It does not include medical practitioners.</i>		
(a) Have you submitted an application for registration as a health practitioner to any other registration authority and that application remains under consideration? <i>If 'Yes', give details.</i>  Authority:  Date Lodged:  Status:		Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Have you ever been refused registration as a health practitioner with any registration authority? <i>If 'Yes', give details:</i>  Authority:  Reason for refusal:		Yes <input type="checkbox"/> No <input type="checkbox"/>

## 5. Work practice history (Curriculum Vitae)

You must provide the Board with a Curriculum Vitae that describes your full practice history and any clinical or procedural skills. It must:

- Show a summarised continuing practice history since graduation
- Detail any gaps in your practice history from your date of qualification
- Be in chronological order
- Be signed and dated by you with the statement 'This Curriculum Vitae is true and correct as at (insert date)'
- Be the original signed Curriculum Vitae (no faxed or scanned copies)

**Please also indicate with an asterisk (\*) those positions that relate to your training in the nominated specialty.**

**It must also contain all the elements set out in the Board's *Standard Format for a Curriculum Vitae (Appendix 2)*.**

## 6. English language proficiency

Select one of the four options below to show how you meet the requirements of the English Language Proficiency Standard	
(a) I am exempt from the requirements of the English Language Proficiency Policy	<input type="checkbox"/> I am currently registered with the Medical Board of Queensland <input type="checkbox"/> I hold a primary qualification from an Australian or New Zealand Medical School <input type="checkbox"/> I currently hold general/unconditional registration in another Australian State or Territory.
(b) I am exempt from the requirements of the English Language Proficiency Standard for International Medical Graduates because I have completed my secondary schooling <b>in English</b> in one of these countries (evidence <b>MUST</b> be attached – see Section 8 - Supporting Documentation).	<input type="checkbox"/> Australia <input type="checkbox"/> South Africa <input type="checkbox"/> Canada <input type="checkbox"/> United States of America <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> United Kingdom <input type="checkbox"/> New Zealand
(c) I have achieved the required standard in one of these tests in the last two years. Required standards are outlined in the <i>Applicant Checklist</i> on page 7 of this form (the original test result document <b>MUST</b> be attached as evidence).	<input type="checkbox"/> International English Language Test Scheme (Academic) <input type="checkbox"/> Professional and Linguistic Assessments Board (PLAB) Part 2 <input type="checkbox"/> Occupational English Test (OET) <input type="checkbox"/> New Zealand Registration Exam (NZREX)
(d) My test result (as indicated above) is more than two years old but I have attached evidence that I have actively maintained employment as a medical practitioner in one of the following countries ( <b>Australia, South Africa, Canada, United States of America, Republic of Ireland, United Kingdom (incl Northern Ireland) or New Zealand</b> ).	<input type="checkbox"/>

## 7. Fitness to practise

(a) Do you suffer from any ongoing medical condition, mental or physical, (including substance abuse or dependence) that you know or ought reasonably to know, could adversely affect your ability to competently and safely practise medicine? <i>If 'Yes', please attach details of the condition.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Have you ever been charged or convicted of an offence in Australia or overseas? <i>If 'Yes', please attach details including date, jurisdiction, the nature and status of the offence and the penalty.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Has your registration as a <b>medical or any other health practitioner</b> ever been cancelled, suspended or limited by undertakings or the imposition of conditions by a registration authority other than the Medical Board of Queensland? <i>If 'Yes', please attach details including date, jurisdiction and nature and status of the limitations imposed.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Is your medical or health practice under investigation in Australia or overseas? <i>If 'Yes', please attach details including date, jurisdiction and the nature and status of the investigation.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 8. Supporting Documentation

Please note that failure to provide required documents may result in your application being returned.

Please confirm the inclusion of the required document by placing a ✓ in the "Applicant" column.

Information required	Description of Documentation Required	Applicant	Office Use
<b>1a. Your details</b>			
<b>Proof of identification</b> <i>All applicants</i>	You need to provide 100 points of 'proof of identity' documents with this application.  <i>Please refer to Appendix 3 for a brief listing of permitted documents. The Board's full policy in relation to identification requirements is available at - <a href="http://www.medicalboard.qld.gov.au/pdfs/nat-validation-id-pol-14-july-06.pdf">http://www.medicalboard.qld.gov.au/pdfs/nat-validation-id-pol-14-july-06.pdf</a></i>  <i>Please also refer to Appendix 3 - Definition of Certified Copy</i>	<input type="checkbox"/>	
<b>Two passport photographs</b> <i>New applicants only (i.e. not currently registered with the Board)</i>	These photographs must be witnessed by someone who knows you personally and contain the words 'This is a true likeness of (applicant's name) and signed and dated on the back by the witness' and submitted with this application.	<input type="checkbox"/>	
<b>1b. Your current registration status in Queensland</b>			
<b>Registrant Assessment Report (Form 103)</b> <i>Special purpose registrants</i>	Supervisors are required by the Board to assess your knowledge, skills and performance during the previous period of registration in Queensland and to provide this information to the Board.	<input type="checkbox"/>	
<b>2. Specialty applied for</b>			
<b>Specialist Qualifications</b> <i>All applicants</i>	The Board required a certified copy of your specialist qualification upon which your application is based.  (If your Fellowship certificate does not indicate the specialty – please provide evidence from the specialty College of relevant training in nominated field)  <i>Please refer to Appendix 3 –Definition of Certified Copy</i>	<input type="checkbox"/>	
<b>3. Qualifications and examinations</b>			
<b>Primary Medical Qualifications</b> <i>New applicants only</i>	The Board requires certified copies (translated into English) of your primary medical qualification and any specialist qualification.  <i>Please refer to Appendix 3 – Requirements for Translations and Definition of Certified Copy</i>	<input type="checkbox"/>	
<b>3b. Verification of qualifications</b>			
<b>AMC verification</b> <i>New applicants only who hold primary medical qualifications obtained outside Australia or New Zealand</i>	You need to provide the Board with a copy of correspondence from the AMC confirming the verification process has commenced or that your qualifications have been verified.  <i>Please refer to Appendix 3 – Definition of Certified Copy</i>	<input type="checkbox"/>	
<b>4a – 4b. Registration History</b>			
<b>Certificates of Registration Status (CORS)</b> <i>New applicants only</i>	You have requested a CORS from each medical/health registration authority where you have practiced be sent directly to the Medical Board of Queensland. All CORS must be less than 3 months old. If your CORS is not in English you should also request that authority send a translation of the original directly to the Board.  <i>Please refer to Appendix 3 – Requirements for Translations</i>	<input type="checkbox"/>	

Information required	Description of Documentation Required	Applicant	Office Use
<b>5. Work practice history (Curriculum Vitae)</b>			
<b>Curriculum Vitae (Practice History)</b> <b>All applicants</b>	You must submit an original Curriculum Vitae that contains all the elements of the Board's "Standard Format for a Curriculum Vitae" (Appendix 2).	<input type="checkbox"/>	
<b>6b – 6c. English language proficiency</b>			
<b>Secondary Education in English in an English speaking country</b> <b>New applicants only</b> <i>[as applicable]</i>	You must submit a certified copy of: <ul style="list-style-type: none"> <li>a secondary school certificate, which includes the school's name, the year of completion and subjects studied, or</li> <li>a letter from your secondary college indicating that you were a student there, and that the schooling was undertaken in English.</li> </ul> <p><i>Please refer to Appendix 3 – Definition of Certified Copy</i></p>	<input type="checkbox"/>	
<b>IELTS or other approved examination</b> <b>New applicants only</b> <i>[as applicable]</i>	You must submit originals of the Academic module of the International English Language Testing System (IELTS) examination indicating you achieved a minimum score of 7 in each of the four components; or an overall pass in the Occupational English Test (OET) administered by the Centre for Adult Education with grades A or B only in each of the four components obtained in the one sitting of the test. <p>Alternatively you can submit a certified copy of your pass in the Professional Linguistic Assessment Board (PLAB) examination in the United Kingdom or your pass in the New Zealand Registration Examination (NZREX) in New Zealand.</p>	<input type="checkbox"/>	
<b>Evidence of Registration where English is a primary language where the test is more than 2 years old</b> <b>New applicants only</b> <i>[as applicable]</i>	If the test results from 6b are more than 2 years old you must submit certified copies of all Certificates of Registration or letters from relevant medical registration authorities establishing your continuing registration after the 2 years since passing the test.	<input type="checkbox"/>	
<b>7. Fitness to Practise</b>			
<b>Further Information regarding questions (a) to (d)</b> <b>All applicants</b>	If you answered "Yes" to any questions within 7(a) to (d) to you must also attach the further details specified within that question.	<input type="checkbox"/>	
<b>10. Payment</b>			
<b>Application and registration fee</b> <b>All applicants</b>  <i>The specialist registration period ends on 30 June each year and will run on a yearly basis from 1 July to 30 June</i>	If you <b>currently</b> hold General Registration with the Medical Board of Queensland (or submitting a General registration application with this application) the fee payable to support a specialist application is <b>\$209</b> (non-refundable) application fee for <b>each</b> specialty applied for. <p>All other applicants the following fees apply – <b>\$657</b> (if registering between 1 July and 31 December) <b>\$433</b> (if registering between 1 January and 31 March) <b>\$321</b> (if registering between 1 April and 30 June)</p> <p>For those applicants who require short-term registration (<b>up to a period of 5 weeks</b>), an application for waiver of fees can be submitted with this application. Please note that short term registration is not renewable.</p> <p><i>Please refer to Appendix 1 – Payment of Application and registration fee</i></p>	<input type="checkbox"/>	

## 9. Declaration

**I consent** to the Medical Board of Queensland –

- making enquiries of, and exchanging information with, the authorities of any Australian State or Territory or any other country regarding my practice as a medical or health practitioner, or otherwise regarding matters relevant to this application;
- making enquiries of, and exchanging information with Australian specialty colleges, my sponsor, employer or recruiter regarding matters relevant to this application;
- notifying the Department of Immigration applicable status of my registration in Queensland, such notification to include my date of birth.

**I declare** that the above statements are true and correct, that I am the person named in the attached documents, that I am the person in the attached photographs are a true likeness, and that all documents and supporting material lodged with this application are true and correct.

**I acknowledge** that making a materially false or misleading representation or declaration in my application for registration is a ground for cancellation of such registration, and I am further aware that giving materially false information or a document to the Medical Board in connection with an application for registration is an offence, punishable with a maximum penalty of AUD\$150, 000 or 3 years imprisonment.

**I acknowledge** that failure to complete all relevant sections of this application and enclose all supporting documentation may result in this application being withdrawn.

**I undertake** to comply with all relevant legislation, codes of practice, and all Medical Board of Queensland policies available at [www.medicalboard.qld.gov.au](http://www.medicalboard.qld.gov.au)

Signature of applicant	
Date:	dd / mm / yyyy

**Send your completed application, including all necessary supporting documents, to:**

Registration Services Program  
Medical Board of Queensland  
GPO Box 1667  
BRISBANE QLD 4001

**or deliver to:**

Level 11, Forestry House  
160 Mary Street  
BRISBANE QLD 4000

### PRIVACY STATEMENT

The Medical Board of Queensland respects your privacy. The Medical Board is collecting the information on this form in order to consider your application for registration as Specialist and carry out other functions relevant to the administration of the *Medical Practitioners Registration Act 2001*. (The fully shaded sections of the form may not be specifically or generally mandated by the Act, but have been included in order to confirm your identity and credentials and to expedite the processing of your application).

Your name, registration address, qualifications, type of registration and some conditions of registration will be entered on the Register, which is available to the public for inspection (with the exception that your residential address will only be available if you have given notice to the Board that you agree to the details being available for viewing on the Board's public register)

## 10. Payment (application and registration fee)

If you currently hold General Registration with the Medical Board of Queensland (or submitting an application for General / Mutual Recognition registration with this application) –

- **\$209** – fee payable for each specialty

All other applicants the following fees apply (includes application fee listed above)

- **\$657** (if registering between 1 July and 30 June)
- **\$433** (if registering between 1 January and 31 March)
- **\$321** (if registering between 1 April and 30 June)

To apply for the short-term fee waiver (**for up to 5-weeks registration only**) attach a completed *Short-term registration form (STR Form)* available at [www.medicalboard.qld.gov.au/forms](http://www.medicalboard.qld.gov.au/forms)

Please note that **short term registration is not renewable**. Any further practice in Queensland in a registration year (July to June following) would require a further application.

Cheque  Credit Card Payment  International Bank Draft (Australian Dollars)

VISA  MASTERCARD

CARD NUMBER:

EXPIRY DATE:   /

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Cardholder's contact telephone number : \_\_\_\_\_

**Personal Information****Qualifications Obtained****Bridging programs / Qualifying examinations** (dates, facility, city, state and results)**Clinical/Procedural Skills** (Competent and/ or Observed)**Practice History** (a chronology of your practice history, including details of internship rotations and any periods of observership)Include the following information for your **current** and all **previous positions**:

- Dates
- Position Title
- Facility (including name, address and contact details of the facility)
  - City
  - State
  - Country
- Responsibilities (including advice on whether position undertaken in a full-time or part-time capacity – if part time, state hours of works per week undertaken)

**Gaps in Practice History** - please provide an explanation of any period since obtaining your medical qualifications wherein you have not been engaged as a medical practitioner (e.g. undertaking study, travel, family commitment)**List of jurisdictions (authorities) where you are currently registered to practice and your registration number****List of jurisdictions (authorities) where you have previously been registered to practice and your registration number (if known)****List of jurisdictions (authorities) where you are have applied for registration and that application remains under consideration****Note:** Your Curriculum Vitae must contain a signed and dated statement by the applicant that 'The Curriculum Vitae is true and correct as at (insert date)'.

The Board will only accept the original signed Curriculum Vitae. The applicant must also attach certified copies of any results or performance reports from bridging courses, observership or skills assessments undertaken that have been stated in this CV.

## Translations of overseas qualifications

## Appendix 3

If qualification documents are not in English, an English translation certified by an authorised or accredited translator must be attached.

- Translations must be from an original or notarised photocopy of the document (source text) which must be clearly legible.
- Translations must be undertaken by a qualified professional translator accredited for the language of the source text.
- Translations must contain a certificate by the translator attesting to the accuracy of the translation from the source text, and be bound to an original or notarised copy of the source document.
- The certified translation and source text must be sealed with the translators seal. Translations undertaken in Australia must indicate the translator's **NAATI** accreditation number, if relevant.
- The original translation must be submitted to the Board with the application.

## Certified copies of documents

All documents required to be submitted with your application must be originals or certified copies (except qualifications being verified by AMC). If documents are in languages other than English, an original English translation by a NAATI-accredited translator **MUST** be attached.

Persons eligible to certify documents:

### In Australia

- A Justice of the Peace
- A Chief Magistrate, Police Magistrate, Resident Magistrate or Special Magistrate
- A Commissioner for Declarations A person appointed under the Statutory Declarations Act 1959 as amended, or under a state Act to be
- A Notary Public
- A person appointed as a Commissioner for Declarations under the Statutory Declarations Act 1911, or under that Act as amended, and holding office immediately before the commencement of the Statutory Declarations Act 1959

### Overseas

- A Notary Public
- A Commissioner of Oaths (South Africa and Canada only)
- A person appointed to hold or act in the office in a country or place outside Australia in an Australian Embassy, High Commission, legation or other post as:
  - Australian Consul-General, Consul or Vice-Consul
  - Australian Trade Commissioner or Consular Agent
  - Australian Minister, Head of Mission, Commissioner, Charge d'Affaires or Counsellor
  - Australian Secretary or Attaché
  - A person authorised to perform notarial duties

## Proof of Identity

***All documents must be current at time of submission  
At least one document MUST include a recent photograph***

<b>70 points</b>	<b>Category A</b> Current medical registration with the Medical Board of Queensland or another Board in Australia where registration has been granted in accordance with this Policy (ie registration granted <b>after 1 October 2006</b> )
<b>At least ONE document from Category A or B must be submitted</b>	<b>Category B</b> ( <i>only ONE document from Category B may be submitted</i> ) Passport Birth Certificate / Birth Card (NSW) (original or extract) Australian Citizenship Certificate
<b>40 points</b>	Australian Drivers Licence; Identification Card - issued to a public employee; or issued by Commonwealth State or Territory as evidence of persons entitled to financial benefit; Student ID Card issued from Australian tertiary education institution; <b>Original</b> International English Language Testing System Test Report form
<b>25 points</b>	International Drivers Licence; Medicare Card / Public Utilities Account / Rates Notice; Financial Institution Credit Card / Cash Card or Passbook; Verification of Registration Status document from immediate previous regulatory body – <i>Only if received direct by the Board from that regulatory authority;</i> Evidence of current medical registration from interstate / overseas regulatory authority