



# Medical Board of Queensland

ABN: 35 789 357 327

## Application for Review of Conditions on Registration – Form M8

Section 99 Medical Practitioners Registration Act 2001

**Payment address:** GPO Box 1667  
Brisbane, Qld 4001  
**Location:** Level 11, Forestry House  
160 Mary Street, Brisbane, Qld 4000  
**Counter Hours:** 9.00 am to 4.00 pm  
Monday to Friday

**General enquiries:** +61 (0) 7 3234 0176  
**Fax:** +61 (0) 7 3225 2522  
**ABN:** 35 789 357 327

I hereby apply for a review of the conditions on my  
General Registration   
Specialist Registration   
*[tick appropriate box]*

and I enclose the **PRESCRIBED FEE OF \$145 (GST exempt)**

Surname:	
Given Names:	
Postal Address:	..... ..... .....
Contact Number:	
Registration Number:	
Date of expiry of conditions:	

I believe that the conditions on my registration are no longer appropriate for the following reasons:  
*[if insufficient space please set out on separate page]:*

.....  
.....  
.....

.....  
Signature

**IMPORTANT NOTE:** The application must not be made –  
(a) during the review period applying to the condition: or  
(b) while an appeal to the District Court about the decision to impose conditions is pending

---DO NOT DETACH---

For this payment to be accepted you must complete all sections below (please see notes on payment on the reverse).

To assist with credit card processing, please provide a daytime contact no. \_\_\_\_\_

VISA

MASTERCARD

BANKCARD

CARD NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRY DATE

CARD HOLDER'S NAME  
(print)

CARD HOLDER'S SIGNATURE

AMOUNT **\$145.00** (GST exempt)

## NOTES ON PAYMENT:

Preferred payment is by post, addressed to **GPO BOX 1667, BRISBANE QLD 4001**. Alternatively you may pay in person at the Board's office or complete the credit card authority on the reverse. Credit Card Payments (Visa, Mastercard or Bankcard) can be accepted through the mail or over the counter only, not by fax or phone.

Please make money orders and cheques payable to the Medical Board of Queensland. **DO NOT** send cash by post. Payment must be in Australian Dollars. Payment in foreign currency or cheques, or direct Bank Transfer cannot be accepted.

Please also note: If you have changed your name, documentary evidence, (e.g. **certified** copy of Marriage Certificate or Deed Poll) **MUST BE SUPPLIED**. (A certified copy is a photocopy which has been certified by a Justice of the Peace, a Commissioner for Declarations, or a Notary, as being a true copy.)

## PRIVACY STATEMENT

The Medical Board of Queensland respects your privacy. The Medical Board is collecting the information on this form in order to review the conditions on your registration as a Medical Practitioner under the *Medical Practitioners Registration Act 2001*.

Your name, registration address, qualifications, type of registration and any conditions of registration (other than details of mental and physical health which the Board has decided not to record) are entered on the Register, which is available to the public for inspection.