



Notification of Completion of Internship as a Medical Practitioner - Form M9

(Section 91(1) *Medical Practitioners Registration Act 2001*)

Eligibility You are eligible to apply for removal of your internship conditions if you have completed / will complete a period of 52 weeks internship as prescribed under the *Medical Practitioners Registration Act 2001*.

You must submit this notice within 7 days of completing your internship.

Certification of submitted documents You must submit a **certified** copy of your degree certificate.

Persons eligible to certify documents **within Australia** are Notaries Public, Justices of the Peace, Commissioners of Declarations, Chief Magistrates, Police Magistrates, Resident Magistrates and Special Magistrates.

Persons eligible to certify documents **overseas** are Notaries Public and persons appointed to hold, or act in, the office in a country or place outside Australia in an Australian Embassy, High Commission or Legation in any of the following positions:

- Australian Consul-General, Consul or Vice-Consul
- Australian Trade Commissioner or Consular Agent
- Australian Ambassador or High Commissioner
- Australian Minister, Head of Mission, Commissioner, Charge d'affaires or Counsellor
- Australian Secretary or Attache

Changes to be notified to the Board Whilst you maintain registration in Queensland you are required to notify the Board on the following matters:-

- a change in your name
 - a change in your address (and email address)
 - **for a special purpose registrant, a change in the way that you undertake the special purpose activity for which you are registered**
 - the withdrawal or cancellation of your qualification for registration
 - conviction for an indictable offence in Queensland or under a corresponding law (please use Form 385A).
 - if you are party to proceedings in court claiming damages or compensation for alleged negligence by you in the practice of your profession and in which either a judgement has been delivered or in respect of which there has been a settlement of the proceedings or part of the proceedings (please use Form 385B).
 - if you are registered under a corresponding law and your registration, licence or certification under that law is affected by disciplinary action or is otherwise cancelled, suspended or made subject to a condition or an undertaking (please use Form 385C).
- The Board may enquire with relevant authorities regarding an applicant's criminal history.
 - The Board will cooperate with authorities of other States, territories or countries in providing information on undertakings agreed to or conditions imposed on a registration.

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 a Medical Practitioner 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 to expedite the processing of your application).

Your name, registration address, qualifications, type of registration and any 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 able to be inspected).

1. Name

Family Name/Surname

First given name

Other given names

2. Date of Birth

3. Postal Address

Postcode

4. Is your POSTAL address your residential address?

Yes → Go to next question

No → Go to question 6

5. The Board publishes your POSTAL address as your registration address to the Public REGISTER unless it is your residential address, which will not be published without your agreement.

Do you agree to the Board publishing your residential address to the Public Register?

Yes

No

6. Give your contact details below

Daytime telephone number

()

Mobile telephone number

After hours telephone number

()

Email address

7. Supervisor/s of the intern training undertaken

1. Name

Position

Facility

2. Name

Position

Facility

8. Statement

I give notice that I have completed/will complete a period of 52 weeks internship as prescribed under the *Medical Practitioners Registration Act 2001*.

I apply to the Medical Board of Queensland for the removal of probationary internship conditions on my registration.

Printed Name of Applicant

Signature of Applicant

Fee payment is required with this application.

For payment details please go to the next page.

9. Prescribed fees

The fee required for removal of probationary internship conditions on registration is **\$183**.

This fee is GST exempt.

Payment details

This is a Tax Invoice

Tick one box only

Cheque

Money Order

Visa → please complete section below

Mastercard → please complete section below

Card Number

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Cardholder's Name

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Expiry Date

		/		
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Amount

\$

Cardholder's signature

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Contact telephone number (within Australia)

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Where to send your form and payment

By mail:

Medical Board of Queensland
GPO Box 1667
BRISBANE QLD 4001

In person at the Board's office:

11th Floor, Forestry House
160 Mary Street
BRISBANE QLD 4000

Counter hours – 9.00am to 5.00pm
Monday to Friday

For further information:

Telephone: (07) 3234 0176

Email:
registrations@medicalboard.qld.gov.au

Website:
www.medicalboard.qld.gov.au



ATTACHMENT REQUIRED—
Certified copy of degree certificate