



Application for non-practising registration – Form M13a (for current Queensland registrants)

'Non-practise of the profession' for the purpose of non-practising registration means the cessation of all medical practice activities including, but not limited to, the writing of remunerated or unremunerated prescriptions or specialist referrals.

1. Your details

Queensland Registration Number					
Title Please ✓ 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: The Board must be notified of changes to this address. All correspondence from the Board will be sent using this nominated address.</i>					
		State		Postcode	
Is your postal address also your residential address?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you agree that this address be made available for inspection on the Public Register?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Contact Telephone Numbers	Day	Mobile	After Hours		
Email Address (Note: All correspondence regarding your application to the Board will be sent to this email address)					

2. Suitability for Non-Practising Registration:

If you answer "yes" to any of the following, please provide details on a separate sheet.

The term 'health practitioner' in this 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.	
a) 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"/>
b) Has your registration as a medical or any other health practitioner 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"/>
c) Is your medical or health practise 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"/>

3. 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 regarding matters relevant to this application;
- notifying the Department of Immigration of the status of my registration in Queensland, such notification to include my date of birth.

I **declare** that the above statements are true and correct 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 non-practising 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\$200,000 or 3 years imprisonment.

Signature of applicant	
Date:	dd / mm / yyyy

Send your completed application, including supporting documents (if necessary), to:

Registrations
Medical Board of Queensland
GPO Box 1667
BRISBANE QLD 4001

or deliver to:

Level 11, Forestry House
160 Mary Street
BRISBANE QLD 4000

Enquiries:

Telephone: (07) 3234 0176
Monday to Friday 9:00am – 5:00pm
E-mail: registrations@medicalboard.qld.gov.au
Website: www.medicalboard.qld.gov.au