



# Application Form (M13b) – Non-Practising Registration (for practitioners not currently registered in Queensland)

**‘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

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? <i>If you answer ‘Yes’, the Board will not publish your address on the Public Register.</i>			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.		

## 2. Suitability for Non-Practising Registration

<i>The term ‘health practitioner’ in this section (and in ‘Registration History’ 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 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 <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"/>
(c) 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"/>

### 3. Qualifications and examinations

QUALIFICATIONS			
<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"/>

### 4. Registration history – medical practitioner/health practitioner

(a) In which jurisdiction (country/state) did you first register as a medical practitioner?	_____	Year _____
(b) Do you hold current registration as a medical practitioner elsewhere?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all relevant States, Territories, Countries ..... ..... .....	
(c) Have you submitted an application for registration as a medical practitioner / specialist / 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"/>	
(d) Have you ever been refused registration as a medical practitioner / specialist / 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. 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)

It must also contain all the elements set out in the Board's *Standard Format for a Curriculum Vitae* (Appendix 1).

## 6. 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>1. Your details</b>			
<b>Proof of identification</b>	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 2 - Definition of Certified Copy</i>	<input type="checkbox"/>	
<b>One passport photograph</b>	This photograph 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>2. Suitability for Non-Practising Registration</b>			
<b>Further Information regarding questions (a) to (c)</b>	If you answered "Yes" to any questions within 2 you must also attach the further details specified within that question.	<input type="checkbox"/>	
<b>3. Qualifications and examinations</b>			
<b>Primary Medical Qualifications</b>	The Board requires certified copies (translated into English) of your primary medical qualification and any specialist qualification.  <i>Please refer to Appendix 2 – Requirements for Translations and Definition of Certified Copy</i>	<input type="checkbox"/>	
<b>4a – 4b. Registration History</b>			
<b>Certificates of Registration Status (CORS)</b>	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 2 – Requirements for Translations</i>	<input type="checkbox"/>	
<b>5. Work practice history (Curriculum Vitae)</b>			
<b>Curriculum Vitae (Practice History)</b>	You must submit an original Curriculum Vitae that contains all the elements of the Board's "Standard Format for a Curriculum Vitae" (Appendix 1).	<input type="checkbox"/>	

## 7. 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 (including detail of any convictions listed);
- 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 photograph is 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 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)

**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 2

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 overseas regulatory authority