



Request for exemption from the transitional program for overseas qualified psychologists

Profession: **Psychology**

This form is for overseas qualified psychologists who:

- have had their qualifications assessed by Ahpra (form APOS-76) and been granted provisional registration to complete the transitional program and the national psychology examination (unless exempt), in order to meet the requirements for general registration
- have passed the national psychology examination (unless exempt)
- have previously had some experience working in the Australian context as a provisional psychologist or in a role related to the practice of psychology, and
- are able to provide evidence they have already developed and demonstrated all the skills and knowledge required for the transitional program, to the minimum standard required for general registration as a psychologist in Australia

Note: If you already have all the skills and knowledge but have not demonstrated them all in the Australian context, you must demonstrate them in the context of the transitional program.

All documents provided with this form must be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

SECTION A: Request

1. What is your name and date of birth?

Name

Date of birth

 / /

2. What is your registration number?

Registration number

3. What are your contact details?

Email

Contact phone

4. Provide details to confirm you have passed the National Psychology Examination.

☒ I was granted an exemption from sitting the national psychology exam by the Board

Date of exam

 / /

Location

**5. What are the details of your relevant work experience in Australia?**

Job title	
<input type="text"/>	
Employer	
<input type="text"/>	
Employer address	
<input type="text"/>	
Contact person (e.g. supervisor/HR manager)	Contact phone
<input type="text"/>	<input type="text"/>
Period of employment	Hours per week (average)
<input type="text"/> from <input type="text"/>	<input type="text"/>

Job title	
<input type="text"/>	
Employer	
<input type="text"/>	
Employer address	
<input type="text"/>	
Contact person (e.g. supervisor/HR manager)	Contact phone
<input type="text"/>	<input type="text"/>
Period of employment	Hours per week (average)
<input type="text"/> from <input type="text"/>	<input type="text"/>



Attach evidence of your work experience, for example CV, position descriptions, letters from employers, supervisors or education providers, supervision plan, log book, performance plan, performance evaluation.

6. Have you received any professional supervision or mentoring with an Australian psychologist?YES ☒NO ☐ **Go to the next question****Provide details below**

Name

Registration number

P	S	Y																	
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Name

Registration number

P	S	Y																	
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Attach evidence of your supervision or mentoring, for example supervision log book signed by the supervisor or mentor that summarises dates and times of meetings, what you discussed, outcomes etc. and/or a letter from your mentor or supervisor.

7. Have you completed any relevant formal study in Australia?

YES ☐

NO ☒ Go to the next question

Provide details below

Name of school/university/college/TAFE


Address

Contact person (e.g. head of school, program coordinator)

Contact phone

Course name

Subject name

 Attach evidence of your formal study in Australia, for example, academics transcripts, letters from the school/college/university, course/subject content outlines.

8. Have you completed any relevant professional development activities?

e.g. workshops, conferences, short courses.

YES ☒

NO ☐ Go to the next question

Provide details below

Date of activity	Type of activity e.g. short course, workshop, reading, seminar, conference	Activity details e.g. name of course, course content presenter, institution, location etc.	Duration e.g. 4 weeks, half day, 1 hour, self-paced

 Attach evidence of your relevant professional development activities, for example, receipts, flyers, citations, certificates of attendance, certificates of completion, professional development journal etc.



9. Please provide details of any relevant professional memberships.

☒ Not applicable

Association/Society/College	
<input type="text"/>	
Membership number	Member since
<input type="text"/>	<input type="text"/>

Association/Society/College	
<input type="text"/>	
Membership number	Member since
<input type="text"/>	<input type="text"/>


10. Please provide details of how you have demonstrated each specific requirement for the transitional program.

Required competencies	How was this demonstrated? e.g. direct observation of my practice, supervision sessions/discussions with Australian psychologists, peer interaction at workshop, presentation or publication of findings, formally assessed etc	Evidence attached Attachment number and document name. If a piece of evidence relates to multiple competencies, indicate all competencies it relates to.
Familiarity with the main provisions of, and understanding of when to consult, the Health Practitioner Regulation National Law as in force in the state or territory where you will be practising.		
Understanding of your obligations as a registered health practitioner in Australia: <ul style="list-style-type: none"> • mandatory notifications • continuing professional development • professional indemnity insurance • notifying the Board of certain events or changes of details • advertising • use of protected titles • registration and renewal 		
Familiarity with the main provisions of, and understanding of when to consult, other relevant legislation in a co-regulatory jurisdiction.		
Familiarity with the main provisions of, and understanding of when to consult, the state and Commonwealth Acts and Regulations of Parliament relevant to psychologists' work in Australia. <ul style="list-style-type: none"> • Freedom of information • Mental health • Workers compensation • Disability services • Guardianship • Privacy • Health records • Equal opportunity and antidiscrimination • Victims of crime • Children and adolescents • Mandatory reporting (child protection and aged care) • Ethical human research 		



Required competencies	How was this demonstrated? e.g. direct observation of my practice, supervision sessions/discussions with Australian psychologists, peer interaction at workshop, presentation or publication of findings, formally assessed etc	Evidence attached Attachment number and document name. If a piece of evidence relates to multiple competencies, indicate all competencies it relates to.
Knowledge of Australian legal and political systems as relevant to your intended scope of practice		
Detailed knowledge and understanding of the Psychology Board of Australia's Code of conduct for psychologists		
Detailed knowledge of the requirements of the Psychology Board of Australia's mandatory registration standards for psychologists: <ul style="list-style-type: none"> • continuing professional development • criminal history • English language skills • professional indemnity insurance, and recency of practice. 		
Familiarity with and understanding of professional matters and expectations as relevant to working in the Australian context, including: <ul style="list-style-type: none"> • sexual propriety • boundaries • confidentiality and privacy • administration and record keeping • billing practices and financial arrangements • conflict resolution • ethical and professional behaviour, and • organisational culture, as relevant to your area of practice. 		
The ability to apply knowledge and understanding of how the practice of psychology is influenced by social, historical, professional and cultural contexts to professional practice in Australia.		
Familiarity with and understanding of cultural and social diversity issues as relevant to the Australian context and your intended scope of practice, including: <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people • service needs of minority, marginalised or vulnerable groups in Australia • immigration and refugees, and • communication with diverse groups 		
Awareness of how one's own cultural and social background can influence perception.		
Ability to work with people from diverse groups and to manage any cultural or social barriers.		

11. Please provide details of any additional information that should be taken into account in this application.



Attach information, for example, character references from psychologists and other relevant people, details of community activities in Australia.

SECTION B: Declaration

I declare that:


- the above statements, and the documents provided in support of this request, are true and correct, and
- I am the person named in the attached documents.

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and is grounds for the Board to refuse registration or renewal and take health, conduct or performance action under the National Law.

I am aware that personal information that I provide may be given to a third party for regulatory purposes, consistent with the National Law.

Applicant name

Applicant signature

SIGN HERE

Date

DD

/

MM

/

YYYY

SECTION C: Attachments

Number all your attachments to this application and clearly mark the attachment number on the document or in the document title. Include each attachment once only even if it relates to multiple questions and/or competency areas.

Attachment no.	Attachment name



SECTION D: Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialised on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx.

Date

D	D	/	M	M	/	Y	Y	Y	Y
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Principal supervisor signature



SIGN HERE



Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload.

You may contact Ahpra on 1300 419 495