



# Application for provisional registration after three years of provisional registration

## Profession: Psychology

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

This form is to be used by provisional psychologists who:

- are currently registered in accordance with section 62 of the National Law
- who have already renewed their current provisional registration twice and in accordance with section 64(3) of the National Law cannot renew a third time and must therefore make a new application for provisional registration, and
- who intend to continue provisional registration in the same pathway (Higher degree, 4+2 internship program or 5+1 internship program).

This form cannot be used by applicants who do not have current registration as a provisional psychologist.

The Psychology Board of Australia (the Board) has decided on a streamlined application process for **currently registered** provisional psychologists who are required to make a new application for provisional registration. The streamlined application process differs from a standard application in that it does not require:

- proof of identity,
- verification of undergraduate qualifications,
- verification of English language skills,
- details of work history or registration history, or
- submission of an internship program plan where an approved program is already in place.

At a minimum, you will be required to provide:

- evidence that you are enrolled in an accredited higher degree or are making satisfactory progress in your 4+2 or 5+1 internship program,
- registration fee, and
- any other documentation required to support the application.



**IMPORTANT: You should lodge this application with the Australian Health Practitioner Regulation Agency (Ahpra) at least 60 days prior to the expiry date of your current registration to enable the Board adequate time to decide your application.**

It is important that you refer to the Board's registration standards, codes and guidelines before completing this application. These documents can be found at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au)



**This application will not be considered unless it is complete and all supporting documentation has been provided. All academic transcripts and evidence of university enrolment must be original documents and must be sent directly to Ahpra by the issuing educational institution.** Supporting documentation **must** be certified in accordance with Ahpra guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

## Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

## Symbols in this form



### Additional information

Provides specific information about a question or section of the form.



### Attention

Highlights important information about the form.



### Attach document(s) to this form

Processing cannot occur until all required documents are received.



### Signature required

Requests appropriate parties to sign the form where indicated.



### Mail document(s) directly to Ahpra

Requires delivery of documents by an organisation or the applicant.

## Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents unless specified.**



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.



## SECTION A: Personal details



The information items in this section of the application that are marked with an asterisk (\*) will appear on the public register.

### 1. What is your name and date of birth?

Title\*

MR

MRS

MISS

MS

DR

OTHER

Family name\*

First given name\*

Middle name(s)\*

Previous names known by (e.g. maiden name)

Date of birth

 /  / 

If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board. For more information, see *Change of name* in the *Information and definitions* section of this form.

### 2. What are your birth and personal details?

Country of birth

City of birth

State of birth (if within Australia)

VIC

NSW

QLD

SA

WA

NT

TAS

ACT

Sex\*

MALE

FEMALE

INTERSEX/INDETERMINATE

Languages spoken fluently other than English (optional)\*

## SECTION B: Registration details

### 3. What is your registration number?

Registration number\*

### 4. What is the expiry date of your current registration?

Expiry date of current registration

 /  / 

### 5. What is your provisional registration pathway?

Provisional registration pathway

4+2 internship program

5+1 internship program

Higher degree program



## SECTION C: Contact information



You can change your contact information at any time. Please go to [www.ahpra.gov.au](http://www.ahpra.gov.au) and

- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
- log in to your Ahpra account to change your details online.

### 6. What are your contact details?

Provide your current contact details below – place an  next to your preferred contact phone number.

**Business hours**

    

**Mobile**

    

**After hours**

   

**Email**

### 7. What is the address of your principal place of practice?



Principal place of practice for a registered health practitioner is:

- the address at which you predominantly practise the profession, or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (\*) will appear on the public register.

**Site/building and/or position/department (if applicable)**

  
  


**Address** (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

  
  
  


**City/Suburb/Town\***

**State/Territory\*** (e.g. VIC, ACT)

**Postcode\***

### 8. What is your mailing address?



My principal place of practice



Other (*Provide your mailing address below*)



Your mailing address is used for postal correspondence.

**Site/building and/or position/department (if applicable)**

  
  


**Address/PO Box** (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

  
  
  
  


**City/Suburb/Town**

**State or territory** (e.g. VIC, ACT)/**International province**

**Postcode/ZIP**

**Country (if other than Australia)**



## SECTION D: Qualification for provisional registration

9. Are you undertaking an internship in the 5+1 or the 4+2 internship program?

YES

NO  Go to the next question

**Attachment required below – then go to Section E: Suitability statements**



You **must** attach a letter from your principal supervisor that confirms:

- you are undertaking a work role that has been approved by the Board (include job title and employer)
- you are undertaking your internship in accordance with the current internship program plan that has been approved by the Board
- you are making satisfactory progress
- estimated completion date

10. Are you currently enrolled in an APAC accredited higher degree?

YES



You **must** arrange for evidence of your current enrolment to be sent directly to Ahpra by the issuing institution. Only the following forms of evidence will be accepted:

- an official university or higher education institution document (transcript or letter from Head of School) confirming your current enrolment; or
- a print-out of your enrolment record (only if your Head of School has separately sent us a list of enrolled students confirming your enrolment).

**A letter of offer does not constitute evidence of enrolment.**

**i** Includes:

- 1-year masters or graduate diplomas accredited as a fifth year qualification for the 5+1 pathway, and
- 2-year masters, combined masters/PhD, or doctorates accredited as a fifth and sixth year or fifth, sixth and seventh year qualification for the higher degree pathway.

NO



You **must** choose your pathway. You must answer YES to question 9 or 10.

## SECTION E: Suitability statements

**i** Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to [www.psychologyboard.gov.au/Standards-and-Guidelines](http://www.psychologyboard.gov.au/Standards-and-Guidelines) for further information.

11. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?



It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section on page two of this form.

YES

NO



You **must** attach a signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances.



12. Since your last declaration to Ahpra, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to Ahpra?

NO  Go to the next question

YES  You are required to:

- obtain an international criminal history check from an approved vendor for each country and provide details below, and
- provide details of the change in your criminal history in a signed and dated written statement.

For more information, see *Criminal history* in the *Information and definitions* section of this form.  
If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to [www.ahpra.gov.au/internationalcriminalhistory](http://www.ahpra.gov.au/internationalcriminalhistory).

Country	Check reference number



You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.



You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.



You **must** attach a signed and dated written statement with details of any change to your criminal history in each of the countries listed and an explanation of the circumstances.

13. Do you meet the Board's recency of practice requirements?

YES

NO

For more information, see *Recency of Practice* in the *Information and definitions* section of this form.



You **must** attach details of why the recency of practice requirements have not been met

14. In the coming year, do you commit to meet the Board's professional indemnity insurance registration standard?



When practising, you must have appropriate professional indemnity arrangements in place that meet the Board's registration standard.

For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form, or the full registration standard online at [www.psychologyboard.gov.au/Standards-and-Guidelines](http://www.psychologyboard.gov.au/Standards-and-Guidelines)

YES

NO

Provide details of your circumstances




You **must** attach a separate sheet with additional details that do not fit in the space provided.

15. In the previous registration period, did you meet the Board's registration standard for professional indemnity insurance (PII) arrangements?



When practising, you must have appropriate professional indemnity arrangements in place that meet the Board's registration standard.

For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form or the full registration standard online at [www.psychologyboard.gov.au/Standards-and-Guidelines/Registration-Standards](http://www.psychologyboard.gov.au/Standards-and-Guidelines/Registration-Standards).

YES

NO

Provide details of your circumstances below




You **must** attach a separate sheet with additional details that do not fit in the space provided.



16. Do you have an impairment that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession?



For more information see *Impairment* in the *Information and definitions* section of this form.

YES

NO



You **must** attach to this application details of any impairments and how they are managed.

17. Is your registration in any profession currently suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?

YES

NO



You **must** attach to this application details of any registration suspension or cancellation.

18. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?

YES

NO



You **must** attach to this application details of any cancellation, refusal or suspension.

19. Has your registration ever been subject to conditions, undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?

YES

NO



You **must** attach to this application details of any conditions, undertakings or limitations.

20. Are you disqualified from applying for registration, or being registered, in any profession in Australia (under the National Law, a corresponding prior Act or a law of a co-regulatory jurisdiction), or overseas?



**Co-regulatory jurisdiction** means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).

YES

NO



You **must** attach to this application details of any disqualifications.

21. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?

YES

NO



You **must** attach to this application details of any conduct, performance or health proceedings.



## SECTION F: Obligations, consent and declaration



**Before you sign and date this form**, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

### Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

#### Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

#### Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

#### Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event.  
*Relevant event means—*
  - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
  - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
  - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
  - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
  - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
  - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
  - g) a complaint is made about the practitioner to the following entities—
    - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
    - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
    - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
    - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
    - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
  - h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

#### Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
  - a) a change in the practitioner's principal place of practice;
  - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
  - c) a change in the practitioner's name.

#### Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
  - a) information about whether the practitioner is employed by another entity;
  - b) if the practitioner is employed by another entity—
    - (i) the name of the practitioner's employer; and
    - (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.



## Consent to nationally coordinated criminal history check

I consent to Ahpra and the National Board, at any time during the next 12 months, obtaining a written report about my criminal history through a nationally coordinated criminal history check. I acknowledge that:

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the National Board
- my personal information currently held by Ahpra and from this form will be provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the Australian Crime Commission Act 2002 (Cth)
- my identity information provided with this application will be enrolled with Ahpra and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about my criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that I provide when requested at any time during the next 12 months, as evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:
  - a) checking a statement made by me in this application for renewal,
  - b) an audit carried out by the National Board,
  - c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or
  - d) considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

## Declaration

I **declare** that:

- the statements made, and any documents provided, in support of this application are true and correct, and
- I am the person named in this application and in any documents provided.

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I **confirm** that if I advertise any of my services or my business, the advertising\* complies with section 133 of the National Law and the National Board's Advertising Guidelines as it:

- Is not false, misleading or deceptive or likely to be misleading or deceptive
- does not offer a gift, discount or other inducement without stating the terms and conditions of the offer
- does not use testimonials or purported testimonials about the service or business
- does not create an unreasonable expectation of beneficial treatment, and
- does not directly or indirectly encourage the indiscriminate or unnecessary use of my services.

\*For information about advertising obligations please see the advertising resources page on:

<https://www.ahpra.gov.au/Publications/Advertising-hub.aspx>

I **acknowledge** that:

- the National Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application for renewal of registration and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application for renewal of registration will be sent to me electronically to me via my nominated email address
- Ahpra uses overseas cloud service providers to hold, process, and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I **undertake** to comply with the all relevant legislation and National Board registration standards, codes and guidelines.

I **understand** that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

Signature of applicant



SIGN HERE

Name of applicant

Date

 /  /





## SECTION G: Payment

### You are required to pay a registration fee

#### Your required payment is detailed below:

Use the table below to select your registration fee. Your registration fee depends on your principal place of practice, as applicants whose principal place of practice is New South Wales are entitled to a rebate from the NSW Government.

Registration fee:		=	Amount payable:	
\$ INSERT FEE			\$ INSERT FEE	
Registration fee	<b>\$415</b>		Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.	
Registration fee for NSW registrants	<b>\$339</b>			

#### Registration Period

The annual registration period for provisional psychologists is **12 months**.

If your application is approved you will be registered for **12 months from the date of approval**.

If this application is approved by the Board prior to the date of expiry of the previous provisional registration, then the date of approval will be taken to be the day after the current registration expires to ensure continuity of provisional registration.

If this application is approved by the Board and your previous provisional registration has already lapsed then the date of approval will be the date the Board considers the application.

#### Refund rules

The registration fee will be refunded if the application is not approved.

### 22. Please complete the credit/debit card payment slip below.

#### Credit/Debit card payment slip – please fill out

Amount payable

Visa or Mastercard number

Expiry date

 / 

Name on card

Cardholder's signature



SIGN HERE



## SECTION H: Checklist

Have the following items been attached or arranged if required?

<i>Additional documentation</i>		Attached
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 9</b>	A letter from your principal supervisor	<input type="checkbox"/>
<b>Question 10</b>	Evidence of your current enrolment in an APAC accredited postgraduate degree requested from relevant authority	<input type="checkbox"/>
<b>Question 11</b>	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
<b>Question 12</b>	A separate sheet of overseas countries and corresponding ICHC reference number	<input type="checkbox"/>
<b>Question 12</b>	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
<b>Question 12</b>	A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances	<input type="checkbox"/>
<b>Question 13</b>	A separate sheet with details of why the recency of practice requirements have not been met	<input type="checkbox"/>
<b>Question 14</b>	A separate sheet with details of why you do not commit to meet the Board's PII registration standard	<input type="checkbox"/>
<b>Question 15</b>	A separate sheet with details of why you did meet the Board's PII registration standard in the previous registration period	<input type="checkbox"/>
<b>Question 16</b>	A separate sheet with your impairment details	<input type="checkbox"/>
<b>Question 17</b>	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
<b>Question 18</b>	A separate sheet with you previous cancellation, refusal or suspension details.	<input type="checkbox"/>
<b>Question 19</b>	A separate sheet with your conditions, undertakings, or limitations details.	<input type="checkbox"/>
<b>Question 20</b>	A separate sheet with your disqualifications details	<input type="checkbox"/>
<b>Question 21</b>	A separate sheet with your conduct performance or health proceedings	<input type="checkbox"/>
<b>Payment</b>		
	Registration fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	<input type="checkbox"/>

Please post this form with payment and required attachments to:

**Ahpra**  
**GPO Box 9958**  
**IN YOUR CAPITAL CITY** (*refer below*)

You may contact Ahpra on  
 1300 419 495 or you can lodge an enquiry  
 at [www.ahpra.gov.au](http://www.ahpra.gov.au)

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801



## Information and definitions

### CERTIFYING DOCUMENTS

**DO NOT send original documents unless specified.**

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](http://www.ahpra.gov.au/registration/registration-process)
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit [www.ahpra.gov.au/certify.aspx](http://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, 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 in hard copy by mail or in person (not by fax, email, etc). 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](http://www.ahpra.gov.au/certify.aspx)

### CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

### CRIMINAL HISTORY

**Criminal history** includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made.

The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession.

You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. You may be required to obtain international criminal history reports. For more information, view the full registration standard online at [www.psychologyboard.gov.au/Standards-and-Guidelines](http://www.psychologyboard.gov.au/Standards-and-Guidelines)

### IMPAIRMENT

**Impairment** means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that **detrimentially affects or is likely to detrimentially affect your capacity to practise the profession.**

The National Law requires you to declare any impairments at the time of application. If you have an impairment, you will need to provide details of the impairment and how it is managed.

### PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

### PROFESSIONAL INDEMNITY INSURANCE (PII)

You must have PII, or some alternative form of indemnity cover that complies with the Board's registration standard, for all aspects of your practice, in all locations in Australia. Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII—you will need to confirm this with your employer.

For more information, view the full registration standard online at [www.psychologyboard.gov.au/Standards-and-Guidelines](http://www.psychologyboard.gov.au/Standards-and-Guidelines)

### REGENCY OF PRACTICE

In accordance with the *Recency of practice registration standard* an individual must, at the time the application for registration or renewal of registration is made, be able to demonstrate that he or she has practised as a registered psychologist or provisional psychologist for a minimum of 250 hours in the past five years.

Individuals who have successfully completed a Board-approved program of study or Board-approved supervised practice program within the past five years will meet the *Recency of practice registration standard*.

Practitioners who do not meet the recency of practice requirements may be required to undertake remedial action in order to be eligible to renew their registration. Additional guidance on remedial action to meet recency of practice requirements is included in the *Policy for recency of practice requirements*.

For more information, view the *Recency of practice registration standard* and the *Policy for recency of practice requirements* online at [www.psychologyboard.gov.au/Standards-and-Guidelines](http://www.psychologyboard.gov.au/Standards-and-Guidelines)