



Request to add or correct a qualification on the National Register

Profession: Psychology

Part 10 Division 3 of the Health Practitioner Regulation National Law (the National Law)

This form is for registered psychologists to request to:

- add a qualification to the National Register, or
- correct a qualification currently on the National Register.

There is an application fee to add each qualification to the National Register but no fee applies to correct a qualification already on the register.

Additional qualifications can be added to the National Register if:

- the qualification is an approved qualification for registration or endorsement in psychology (see www.psychologyboard.gov.au) (such as a Master of Psychology), and/or
- the qualification is a doctorate (DPsych, PhD, PsyD or DPhil), and
- an original transcript, testimony or certificate is provided to AHPRA from the university indicating the qualification has been successfully completed.

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.

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.

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.

. What are your personal details?	Title* MR MRS MISS	MS DR	OTHER SPECIFY
If you have ever been formally known by another name, or you are providing documents in another name, you must attach proof of you name change unless this has been previously provided to the Board.	Family name* First given name*	WS DR	OTHER SPECIFY
	ricienteu cinan auuress		
. What is your registration number?	Registration number*		
. What is this request for?	Correct a qualification currently on the Go to the next question	e National Register	Add a qualification to the National Registe Go to question 6
. How does the incorrect qualification currently appear on the National Register?	Incorrect qualification		
Please complete both pages AHPRA GPO Box 9958 IN YOUR CAPITAL CITY (refer b		You may contact AHPR	
Adelaide SA 5001 Brisba	ne QLD 4001 Canberra ACT 2601 Irne VIC 3001 Perth WA 6001	Darwin NT 0801 Sydney NSW 2001	
This application will not be con	sidered unless it is complete and all supporting the certified in accordance with AHPRA guid	ng documentation has be	en provided.

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5.	What are the correct details
	of the qualifications and/or
	examinations/assessments?

Correct qualification Title of qualification*			
Name of institution (University/College/Examining body)			
Completion date* Country M M / Y Y Y Y			
You must arrange for your university to send directly to AHPRA your original academic transcript, testimony or certificate indicating that the qualification has been successfully completed.			

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Attach a separate sheet if all your qualification details do not fit in the space provided.

No payment is required to correct a qualification. Please return completed form to AHPRA.

6. What are the details of the qualifications and/or examinations/assessments that you wish to add to the National Register?

Additional qualification Title of qualification*			
Name of institution (University/College/Examining body)			
Completion date* Country M M / Y Y Y Y			
You must arrange for your university to send directly to AHPRA your original academic transcript, testimony or certificate indicating that the qualification has been successfully completed.			



Attach a separate sheet if all your qualification details do not fit in the space provided.





Payment by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank.

A receipt will be provided.

Mark one box below only



Visa or MasterCard

Complete credit/debit card payment slip below



Cheque/Money order/Bank draft



Cash/EFTPOS

(only available if paying in person)



You **must** attach cheque or money order **payable to the Australian Health Practitioner Regulation Agency**.



On the back of the cheque, money order or bank draft, you **must** write:

- your full name
- your date of birth, and
- your registration number.

Credit/Debit card payment slip – please fill out				
Amount payable \$ Visa or MasterCard number Expiry date M M / Y Y	Name on card Cardholder's signature SIGN HERE			

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