



**National Registration and Accreditation Scheme for the Health Professions**

**APPLICATION FOR ELIGIBILITY ASSESSMENT FOR APPOINTMENT TO THE  
MEDICAL RADIATION PRACTICE BOARD OF AUSTRALIA**

**IMPORTANT – ONLY COMPLETE THIS FORM IF you are NOT currently registered as a Medical radiation practitioner (Diagnostic radiographer, Nuclear medicine technologist, Radiation therapist) with one or more of the 6 State or Territory Boards (the 6 S/T Boards) that currently register the profession, ie:**

- Medical Radiation Scientists Board of the Australian Capital Territory;
- Radiographers Board of the Northern Territory;
- Medical Radiation Technologists Board of Queensland;
- Medical Radiation Science Professionals Registration Board of Tasmania;
- Medical Radiation Practitioners Board of Victoria;
- Medical Radiation Technologists Board of Western Australia.

**SECTION 1: PERSONAL DETAILS (FOR CROSS CHECKING)**

<b>Title</b>			
<b>Surname</b>			
<b>First name</b>			
<b>Previous/Former Name(s)</b>			
<b>Date of birth</b>	(DD/MM/YY)	<b>Sex</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

*(original or certified copy of marriage certificate or other document verifying change of name must be provided)*

*Proof of Identity must be provided with this application.*

*The 100 point system, similar to that used by banks and other financial institutions, applies.*

*Please refer to Appendix A of this application for full details on documents which you must provide.*

## **SECTION 2: QUALIFICATIONS / MEMBERSHIP / EXPERIENCE**

### **A. Qualifications on which this eligibility assessment is based**

*Please refer to Appendix A of the Application Guide for the list of qualifications by registration board and by jurisdiction.*

**If you ticked 'yes' to Box B on the application form** because you hold a qualification that entitles you to registration in the profession or you were previously registered with one of the Boards

**You MUST provide evidence (eg certified copies) of –**

- (a) An Australian or New Zealand qualification relevant to Medical Radiation Practice that is **currently recognised** for registration; **or**
- (b) An Australian or New Zealand qualification relevant to Medical Radiation Practice that **was recognised** for registration (eg, the Diploma of Qualification issued on completion of a course approved by the Conjoint Board of the Royal Australasian College of Radiologists and the Australasian Institute of Radiography).

**You MAY also support your application by providing additional evidence related to your qualifications –**

- (c) A Statement of Accreditation from the Australian Institute of Radiography (AIR); **or** a Statement of Accreditation from the Australian and New Zealand Society of Nuclear Medicine (ANZSNM);
- (d) Evidence of possession of a Use Radiation Licence issued by the appropriate State Regulatory Authority (eg the Environmental Protection Agency)

**If you hold an overseas qualification (ie other than from New Zealand), you must provide evidence (eg certified copies) of –**

- (a) A qualification relevant to Medical Radiation Practice; **and**
- (b) Evidence of possessing or being granted eligibility by either the AIR or the ANZSNM; **and**
- (c) Evidence of current registration.

**If you ticked Box C on the Application Form** because you are eligible to apply for, or hold registration in the Medical radiation practice profession under law of a State or Territory

**You MUST provide evidence (eg certified copies) of –**

- (a) A qualification relevant to Medical Radiation Practice including the academic transcript, course handbook, course syllabi; **and**
- (b) A Statement of Accreditation from the Australian Institute of Radiography (AIR); **or** a Statement of Accreditation from the Australian and New Zealand Society of Nuclear Medicine (ANZSNM) – if held; **and**
- (c) Evidence of possession of a Use Radiation Licence issued by the appropriate State Regulatory Authority (eg the Environmental Protection Agency) – if held; **and**

**FORM 1, ATTACHMENT A (MRP): PRACTITIONER BOARD MEMBER APPLICATION FORM**

(d) Evidence of practicing the profession, eg a statement from your employer that certifies the length and scope of your practice.

**You MAY provide any other evidence to support your claim of being otherwise eligible to apply for or hold registration in the profession.**

Evidence	Name of Institution (eg University, TAFE college)

**B. Additional tertiary qualifications which you wish to be taken into account for this eligibility assessment for registration**

Qualification	Name of Institution (eg University, TAFE college)

Degree/Diploma University or College, etc Year Conferred/Awarded (abbreviated)

**C. List professional association membership(s) you current have and the type**


Association Membership Type (ie. Full/Associate/Student etc.)

*Evidence of current membership must be provided. This should be original or certified copy of receipt or other documentation showing membership expiry date.*

**D. Summary of experience since qualified over the last 10 years**

Place of practice and position title	Period of practice	
	To	From

*Please provide an attachment if the space above is insufficient*

**E. Provide the names, addresses, occupations and telephone numbers of two professional persons of good repute and standing in the community (not relatives) to whom reference may be made as to my character**

Name and occupation	Address	telephone numbers and email contact

*Written professional references relating to your employment, and professional competence, within the last five (5) years are attached to this application.*

*Originals or certified copies of written references attesting to employment (if any) and professional competence as an occupational therapist must be provided.*

**SECTION 3: PAST REGISTRATION IF APPLICABLE**

**A. Have you ever been registered as a Medical Radiation Practitioner (diagnostic radiography, nuclear medicine technology, radiation therapy) with one or more of the 6 State or Territory Boards?**

Yes  No

<i>If "Yes" – please provide the period(s) of registration</i>	
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**SECTION 4: FITNESS / SUITABILITY TO PRACTISE**

- Have you ever been refused registration as a Medical Radiation Practitioner by one or more of 6 State or Territory Boards?
- Have you ever been the subject of a disciplinary inquiry or action (including conditions placed on registration) by one or more of 6 State or Territory Boards?
- If you have answered "Yes" to any of the 2 questions above under "Professional Discipline", please provide full details on a separate sheet attached to this application.***

***Medical Fitness***

Are aware of any medical condition or potential medical condition (physical or mental health condition) that may affect your ability to safely or competently engage in practice or may endanger a client's health or safety?

Yes  No

If you answered 'Yes' to the question under "Medical Fitness", please provide full details on a separate sheet, attached to this application.

**CHECKLIST FOR APPLICANTS**

- Evidence of change of name, eg. Marriage Certificate, Divorce Decree or Deed Poll (if applicable)
- A recent passport size photo with your signature on the back (if driver's license or other evidence including a photo is not available)
- Proof of identity totaling 65 points – refer to Appendix A of this document
- Evidence of all qualifications listed – original or certified copy of degree/diploma parchment certificate OR academic transcript showing completion/conferral of degree/diploma
- Evidence of any memberships listed
- Written professional references – originals or certified copies attesting to employment (if any) and professional competence as an occupational therapist
- Certificate of good standing/verification of registration (if previously registered elsewhere)
- Full details as requested if any questions under "Fitness to Practise" are answered "Yes"
- Signed the Statutory Declaration on the next page.

**SECTION 5: STATUTORY DECLARATION**

**Note: In order to be considered for a National Board appointment you must complete this declaration.**

I do solemnly and sincerely declare that:

True    False

- The statements and details provided in this application are true and correct to the best of my knowledge and belief.
- I have practised as a Medical Radiation Practitioner in the past 5 years.
- I have never had my name suspended or removed from a Register or been refused registration for any reasons relating to my professional conduct or health in any profession in any State/Territory/Country.
- I have never had any conditions or restrictions placed on my registration or practice for any reasons relating to my professional competence, conduct or health, in any profession in any State / Territory / Country.
- I am not the subject of disciplinary proceedings or any preliminary investigations or action that might lead to disciplinary proceedings in relation to my practice as a health practitioner in any State/Territory/Country.
- I have not, at any time, been found guilty and/or been convicted of any offence nor is any charge pending in any State/Territory/Country.
- I have never had my employment as an Medical radiation practitioner or any other regulated health profession, suspended or terminated for reasons of misconduct, impairment or incompetence in any State/Territory/Country.
- I am currently practising as a Medical Radiation Practitioner in Australia.

**If "False" to any of the above, please provide full details on an attached signed sheet**

**I hereby authorise the 6 State or Territory Boards or delegates, to make enquires of, and exchange information with, any other organisation or person concerning my registration, practice or other related matters.**

**Signature of person making declaration**

Declared at            on            the day of            2011

before me,

Signature of person witnessing declaration\*

Name of witness (printed)

Title of witness (printed)

Address or telephone of witness

## IDENTIFICATION VALIDATION

Applicants will need to provide proof of personal identity.

*Below is a list of those documents that may be provided, along with their matched value.*

**Documents with a minimum value of 100 points must be submitted:**

- At least ONE document from Category A must be submitted.
- Only ONE document submitted may be from Category A.
- ALL documents must be originals or certified copies.
- At least one document must include a recent photograph.
- ALL documents must be valid at the date of submission

### Acceptable Documents

#### **Category A (70 points)**

- Passport and visa
- Birth Certificate/Birth Card (original or extract)
- Citizenship Certificate

#### **Category B (40 points)**

- Licence or permit issued under a law of the Commonwealth or State or Territory
- Identification Card issued to a public employee
- Identification Card issued by Commonwealth, State or Territory as evidence of a person's entitlement to a financial benefit
- Student ID Card issued from Australian tertiary education institution
- International English Language Testing System Test Report Form (IELTS – TRF) – original document must be provided (with photograph only)

#### **Category C (25 points)**

- International Drivers Licence
- Medicare Card/Public Utilities Accounts/Rates Notice
- Financial Institution Credit Card/Cash card or Passbook (a maximum of two credit cards may be used)
- Certificate of Good Standing/Verification of Registration Status document from an immediate previous occupational therapy Board (only if received directly from that Board)
- Evidence of current occupational therapy registration from overseas regulatory authority