



Request for issue of certificate of registration status (Certificate of Good Standing)

Health Practitioner Regulation National Law (the National Law)

i The application for requesting a certificate of registration status is available for completion as an online form (www.ahpra.gov.au/Registration/Registration-Process/Common-Application-Forms.aspx) for practitioners with an Ahpra registration number.

! **The certificate of registration status is delivered to the regulatory boards only and not to the individual.**

If you intend to work within another Australian state/territory, you are not required to complete this form. It is only required to be completed by a practitioner who is seeking registration or employment outside Australia.

Symbols in this form

i **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.

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: **X**
- **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.

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

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

SECTION A: Personal details and identification

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 DD / MM / YYYY **Sex** MALE FEMALE INTERSEX/INDETERMINATE

📎 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.

2. What is your Ahpra registration number?

i Should a certificate of registration status be required for more than one profession, a separate application form must be completed.

Registration number



3. 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

4. What is your mailing address?

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 B: Organisation to receive certificate

 Provide details below of the organisation that is the intended recipient of the certificate of registration status. A valid list of current regulatory bodies/approved organisations are available on the Ahpra website (www.ahpra.gov.au). Ahpra has a requirement to only issue a certificate of registration status to a valid/approved regulatory body. Where Ahpra assesses that the organisation details are not for a valid entity, Ahpra will not continue to process the application and is not obligated to refund the application fee.

5. What are the organisation mailing address details?

Name of organisation

Site/building (if applicable)

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

City/Suburb/Town*

State or territory (e.g. VIC, ACT)/**Province** **Postcode/ZIP**

Country (if other than Australia)

Email



SECTION C: 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.

I declare that I am the registrant named in this document.

I authorise that the certificate of registration status is to be released to the organisation named on this form.

I authorise the certificate of registration status to include:

- the details of my registration; and
- any Regulatory Action taken against my registration in the 10 years preceding the date on which this form is signed by me.

I acknowledge that Regulatory Action may include:

- cautions imposed by the Board;
- conditions, registration requirements or notations imposed by the Board;
- undertakings accepted by the Board;
- reprimands issued; and
- any investigations or legal proceedings currently underway or contemplated.

I acknowledge that Regulatory Action is not restricted to information that is or may have been accessible to the public, including because it is or was published in a National Register.

Name of registrant	Signature of registrant
<input type="text"/>	 SIGN HERE
Date	
<input type="text"/> / <input type="text"/> / <input type="text"/>	

SECTION D: Payment

Amount payable:

\$50

Applicants **must** pay 100% of the stated fees at the time of submitting the application.

6. Please complete the credit/debit card payment slip below.

Credit/Debit card payment slip – please fill out

Amount payable	Name on card
<input type="text"/> \$ <input type="text"/>	<input type="text"/>
Visa or Mastercard number	Cardholder's signature
<input type="text"/>	 SIGN HERE
Expiry date	
<input type="text"/> / <input type="text"/>	



SECTION E: Checklist

Have the following items been attached or arranged, if required?

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input checked="" type="checkbox"/>
<i>Payment</i>		
	Payment amount	<input checked="" type="checkbox"/>