



MEDICAL BOARD OF WESTERN AUSTRALIA

ABN: 25 271 541 367

APPLICATION FOR UPGRADE OF REGISTRATION

**Change from Occasional Practise to Practising Status pursuant to the
Medical Practitioners Act 2008**

Reg. No.	
Upgrade Date	
Previous Reg. Date	
Fee Paid	
Receipt	

PERSONAL DETAILS	
REGISTRATION #	<hr/>
SURNAME	<hr/>
FIRST NAME	<hr/>
MIDDLE NAME(S)	<hr/>
POSTAL ADDRESS	<hr/> <hr/>
PRACTICE ADDRESS	<hr/> <hr/> <hr/>
CONTACT DETAILS	<hr/>
BUSINESS	HOME
MOBILE	EMAIL

PRACTITIONER DECLARATION	
QUALIFICATIONS	
My currently held medical qualifications are: (please insert details)	
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

HEALTH	
I am not <u>currently</u> affected by the use of, nor am I dependent upon, a drug or alcohol to such an extent that my ability to practise medicine is, or is likely to be, affected adversely.	<input type="checkbox"/> True <input type="checkbox"/> False
I have not at any time been affected by the use of, or dependent upon, a drug or alcohol to such an extent that my ability to practise medicine was affected adversely.	<input type="checkbox"/> True <input type="checkbox"/> False
I have not had a significant illness that may affect my physical or mental capacity to practise medicine.	<input type="checkbox"/> True <input type="checkbox"/> False

REGISTRATION	
I am currently registered as a medical practitioner in the following States/Territories (tick all that apply)	
WA <input type="checkbox"/>	ACT <input type="checkbox"/>
NSW <input type="checkbox"/>	NT <input type="checkbox"/>
QLD <input type="checkbox"/>	SA <input type="checkbox"/>
TAS <input type="checkbox"/>	VIC <input type="checkbox"/>
Overseas (please specify) <input type="checkbox"/> _____	
I am not the subject of any disciplinary proceedings in any State or Territory (including any preliminary investigations or actions that might lead to disciplinary proceedings).	<input type="checkbox"/> True <input type="checkbox"/> False

I am not the subject of any criminal investigations; or convictions; nor have I ever been convicted anywhere of a criminal offence.	<input type="checkbox"/> True	<input type="checkbox"/> False
I have not at any time been:		
a) the subject of any disciplinary action by any body or authority providing for the registration of medical practitioners; or	<input type="checkbox"/> True	<input type="checkbox"/> False
b) found guilty of any professional misconduct or unprofessional conduct	<input type="checkbox"/> True	<input type="checkbox"/> False
My registration as a medical practitioner has never been withdrawn, cancelled or suspended by any registration body (for reasons other than non-payment of fees)	<input type="checkbox"/> True	<input type="checkbox"/> False
I have never been refused registration as a medical practitioner	<input type="checkbox"/> True	<input type="checkbox"/> False
I have not had my clinical privileges altered, limited, removed or suspended by any employer/hospital or any Medical Board/Council in the past 12 months	<input type="checkbox"/> True	<input type="checkbox"/> False
If you have answered " FALSE " to any of the above questions please attach full details.		
I consent to the Medical Board of Western Australia making enquiries of, and exchanging information with, the authorities of any State or Territory regarding my activities in the practise of medicine or otherwise regarding matters relevant to this notice.	<input type="checkbox"/> True	<input type="checkbox"/> False
I understand that I must arrange for a Certificate of Registration Status (previously known as Good Standing) to be forwarded to the Medical Board of Western Australia <i>directly</i> from the Medical Authority with whom I currently hold (or have most recently held) registration (<i>if that registration is with an Authority outside of Australia</i>) prior to upgrading my registration with the Medical Board of Western Australia	<input type="checkbox"/> True	<input type="checkbox"/> False
PROFESSIONAL INDEMNITY INSURANCE ("PII") s. 40 and s. 31(3)		
<u>Private Sector</u>		
I confirm that I will be working solely or partially in the private sector:	<input type="checkbox"/> True	<input type="checkbox"/> False
I confirm that I will be covered by PII from 1 October 2009; and	<input type="checkbox"/> True	<input type="checkbox"/> False
I will ensure that the Board is provided with proof of my PII arrangements (current insurance policy schedule or written advice from insurer) no later than 28 days after I receive my Certificate of Registration	<input type="checkbox"/> True	<input type="checkbox"/> False
What is the name of your insurer? (e.g. MDA National, Avant, MIGA, MIPS)	_____	
What is your insurance policy number (if available)?	_____	
Are there procedures/treatments/areas of medicine that your insurance company has declined to cover? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
and/or		
<u>Western Australian Public Health System</u>		
I will be working solely or partially in the Western Australian public health system (e.g. tertiary hospital such as Fremantle Hospital; a health service; a country hospital: refer to explanatory notes) during the renewal period 2009/2010:	<input type="checkbox"/> True	<input type="checkbox"/> False
I am a <u>Salaried Medical Officer</u> (e.g. intern, resident, registrar, consultant); and	<input type="checkbox"/> True	<input type="checkbox"/> False
I confirm that I will be covered for professional indemnity insurance for all medical practise undertaken by me in the public health system, by reason of my employment at a public hospital/health service.	<input type="checkbox"/> True	<input type="checkbox"/> False
or		
I am a <u>Non-salaried Medical Practitioner</u> (e.g. visiting medical practitioner); and	<input type="checkbox"/> True	<input type="checkbox"/> False
I confirm that I will ensure that the Board is provided with an executed copy of my "Application for the Non-Salaried Medical Practitioners' Indemnity" form no later than 2 months after I receive my Certificate of Registration.	<input type="checkbox"/> True	<input type="checkbox"/> False

STATUTORY DECLARATION

I, _____	
Occupation, _____	
Of (address), _____	
<p style="text-align: center;"><i>(FULL NAME, ADDRESS AND OCCUPATION OF PERSON MAKING THE DECLARATION - IN BLOCK LETTERS)</i></p> sincerely declare as follows: <ul style="list-style-type: none"> • That the statements I have made in this document are true and correct in every particular to the best of my knowledge and that I am the person named in the medical qualifications and/or other documents or letters. This declaration is true and I know that it is an offence to make a declaration knowing that it is false in material particular. This declaration is made under the <i>Oaths, Affidavits and Statutory Declarations Act 2005</i> at:	
Place _____	On this ____ day of _____ 20____
_____ Signature of person making the declaration	
In the presence of _____	Signature of authorised witness
NAME _____	<i>(BLOCK LETTERS)</i> Name of authorised witness
Qualification _____	Qualification as such a witness

DECLARATIONS WITNESSED IN WESTERN AUSTRALIA

An authorised witness as described in section 12 (6) (a) of the *Oaths, Affidavits and Statutory Declarations Act 2005* must witness this declaration in Western Australia as follows:

- Any person described in the second column of Schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005* (e.g. Justice of the Peace; Accountant with membership of CPA Australia; or Doctor, Lawyer, Chemist, Dentist, Optometrist, Physiotherapist, Nurse, Architect as defined by the *Oaths, Affidavits and Statutory Declarations Act 2005*).
- Any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a statutory declaration can be made.

DECLARATIONS WITNESSED IN PLACES IN AUSTRALIA (other than Western Australia)

An authorised witness as described in section 12 (6) (b) of the *Oaths, Affidavits and Statutory Declarations Act 2005* must witness this declaration in places in Australia (other than Western Australia) as follows:

- Any person who, under the law of that place, has authority to take or receive a statutory, solemn or other declaration; or
- Any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a statutory declaration can be made.

DECLARATIONS WITNESSED OVERSEAS

An authorised witness as described in section 12 (6) (c) of the *Oaths, Affidavits and Statutory Declarations Act 2005* must witness this declaration in countries other than Australia as follows:

- A prescribed consular official who is performing official functions at that place;
- A person who is a justice or notary public under the laws of that place;
- A person who has authority under the law of that place to administer an oath to another person or to take, receive or witness a statutory, solemn or other declaration.

CERTIFIED DOCUMENTS[†]

Documents can only be accepted if certified by a person described in section 12 (6) (a) – (c) of the *Oaths, Affidavits and Statutory Declarations Act 2005* or an authorised representative of the Registrar of the Medical Board of Western Australia.

PRIVACY STATEMENT

The Medical Board of Western Australia (“the Board”) collects information for the purpose of fulfilling its responsibilities pursuant to the Medical Practitioners Act 2008 (“the Act”). In accordance with the Act the following registration information is provided to the general public on a doctor registered with the Board: name; business (or other) address; unique identification number; medical qualifications; registration status; date of registration; conditions applying to registration (e.g. sponsoring organisation and the locations where a doctor is registered to work); conditions imposed, or cancellation or suspension of registration by a regulatory authority of another State or Territory; voluntary conditions on registration; details of disciplinary, competency and impairment matters under Part 6 of the Act; convictions under the Act.

Registration information is published on the website of the Medical Board of Western Australia.

IMPORTANT NOTES

- Any person who makes a statement or provides information which the person knows is false or misleading; or with reckless disregard as to whether the statement is false or misleading, is in breach of Section 133 of the Medical Practitioners Act. The penalty for such action is a fine of \$24 000 or imprisonment for 2 years.
- Medical practitioners must give to the Board written advice of any change to the address that is recorded in the register (within 30 days of changing); otherwise, by Section 58(2)&(3) of the Medical Practitioners Act 2008, a fine of \$1000 will occur.

I ATTACH THE FOLLOWING:

1.	The relevant fee of \$285.00 (money orders, personal cheques or credit card accepted)	<input type="checkbox"/>
2.	The prescribed provisional registration fee of \$50.00 if you require the change of registration status prior to your application being tabled at the scheduled monthly Board meeting.	<input type="checkbox"/>
	<p>I intend to commence practise in WA on (date): _____</p> <p>PLEASE ALLOW AT LEAST 5 WORKING DAYS FOR YOUR APPLICATION TO BE PROCESSED</p>	
3.	Statement of Activity (Form AB)	<input type="checkbox"/>
4.	Two (2) current certified[†] passport sized photographs of myself	<input type="checkbox"/>
5.	<p>Certified[†] identification to the Board as being the person named on the documents submitted. (Please refer to the National Identification Verification Standards for the required documents at www.wa.medicalboard.com.au under "Board Policies")</p> <p>NOTE: A current registration certificate received from another Board/Council within Australia is worth 70 points ONLY if registration was initially GRANTED (not renewed) after 1 July 2006.</p>	<input type="checkbox"/>

PAYMENT BY CREDIT CARD (VISA OR MASTERCARD)			
Name on Card			
Card number	-	-	-
Institution		Expiry	/
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Signature of Cardholder:			

Please send completed form and requirements to:

**Registration Department
 Medical Board of WA
 PO Box 1437
 SUBIACO WA 6904**