



# 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](http://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:
- **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](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

## SECTION A: Personal details and identification

### 1. What is your name and 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.

**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**  
 /  /

**Sex**  
 MALE  FEMALE

### 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**





## 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, which provides details of my registration, any conditions on my registration and any disciplinary proceedings underway or contemplated, be released to the organisation named on this form.

Name of registrant <input style="width: 90%;" type="text"/>	Signature of registrant <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> <span style="font-size: 2em; color: #ccc;">SIGN HERE</span> </div>
Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	

## SECTION D: Payment

**Amount payable:**

\$50

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

**6. How are you paying your fee?**

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**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Visa or MasterCard<br><b>Complete credit/debit card payment slip below</b> | <input checked="" type="checkbox"/> Cash/EFTPOS<br>(only available if paying in person) |
| <input type="checkbox"/> Cheque/Money order/Bank draft   |   |

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 name, and
  - your registration number.

## SECTION E: Checklist

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

	Attached
<i>Additional documentation</i>	
<b>Question 1</b> Evidence of a change of name	<input checked="" type="checkbox"/>
<i>Payment</i>	
Payment amount	<input checked="" type="checkbox"/>
If paying by cheque/money order/bank draft, your name and registration number are written on the back	<input checked="" type="checkbox"/>

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

Amount payable <input style="width: 80%; border: 1px solid #ccc;" type="text" value="\$"/>	Name on card <input style="width: 90%; border: 1px solid #ccc;" type="text"/>
Visa or MasterCard number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Cardholder's signature <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> <span style="font-size: 2em; color: #ccc;">SIGN HERE</span> </div>
Expiry date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	