



# Application for general registration form

(Acupuncturists & Chinese herbal medicine practitioners)

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Appendices available at [www.cmr.vic.gov.au/registration/applintro.html](http://www.cmr.vic.gov.au/registration/applintro.html)

Appendix 1	Why is it necessary to register?
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Appendix 3	Application and registration fees
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# Introduction

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## What this application form covers

This application form is for use by practitioners who wish to apply for general registration in either or both of the *Chinese herbal medicine practitioner* and/or *acupuncturist* division/s of the *Register of Chinese Medicine Practitioners*.

This application form is suitable for use by persons who are:

- **Graduates** of an approved<sup>1</sup> course in acupuncture or Chinese herbal medicine
- **Previously registered practitioners** (within the last two years) who wish to re-register
- **Others** who have sat a Chinese Medicine Registration Board of Victoria (CMR Board) examination and are now eligible to apply for general registration

Applicants for registration in the division of *Chinese herbal dispensers* should use a separate form — ‘*Application for general registration (Chinese herbal dispensers)*’.

## Why is it necessary to register?

For information about the legal requirement to register under the *Health Professions Registration Act 2005* (HPR Act) and the role and powers of the CMR Board see Appendix 1.

## General registration form only

The usual type of registration granted under the HPR Act is general registration under section 6.

In some circumstance, including temporary practise in Victoria, practitioners may qualify for specific (temporary) registration; further information is available at [www.cmrb.vic.gov.au/registration/applintro.html](http://www.cmrb.vic.gov.au/registration/applintro.html).

### Non-Chinese medicine acupuncturists

Non-Chinese medicine acupuncturists who wish to apply to the CMR Board should use this ‘*Application for general registration form*’. Refer to Appendix 1 for further information on the requirement for non-Chinese medicine practitioners to register.

### Endorsements

This application form does not cover applications for endorsement of registration under section 25 of the HPR Act, to obtain, possess, use, sell or supply substances that are listed as poisons in schedule 1 of the *Drugs, Poisons and Controlled Substances Act 1981*.

A separate application form must be completed — use ‘*Application for Endorsement*’. As of July 2009 this is not yet relevant or available.

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<sup>1</sup> See [www.cmrb.vic.gov.au/registration/approvedcourses/html](http://www.cmrb.vic.gov.au/registration/approvedcourses/html) for updated details about approved courses.

## How to complete this application form

### Completing the form

- Use ink not pencil, to answer ALL relevant questions on the application form
- Tick boxes, or circle answers where required
- READ the relevant APPENDICES as you work your way through the form
- Print your answers in ENGLISH
- If necessary, ATTACH ADDITIONAL SHEETS of paper to complete your answers
- KEEP A PHOTOCOPY of your application form for your records
- Consider using registered post to ensure safe arrival

### Additional sheets

- Write and sign your name on each additional sheet.
- Attach each additional sheet securely to the application form.

### Supporting documents (see Part F)

DO NOT send originals.

In Part F, list all the items that you are attaching to your application, including:

- additional sheets;
- certified copies of supporting documents, and
- certified translations.

Check the list carefully and ensure that all the required supporting documents are attached to your application.

To obtain a certified copy, take the original and a photocopy to a person who is authorised to certify true copies (see list in Appendix 2). This service is free.

### Certified translations (see Part F)

If a supporting document is not in English, in addition to a certified copy of the document itself (see above), you will ALSO need to attach a certified copy of an English language translation, prepared by an Australian Government authorised translation service. Contact the National Accreditation Authority for Translators and Interpreters on (03) 9642 3301 for the name of a suitable translation service.

### Application fee (see Part G)

Enclose the required application fee. The application fee is not refundable. The full application fee applies whether or not registration is granted.

- Your cheque or money order should be made out to the 'Chinese Medicine Registration Board of Victoria'.
- Do NOT send cash.

If the CMR Board grants you registration, you will then be invoiced for your registration fee, as detailed in Appendix 3.

Applicants for Re-registration may choose to submit both the application and registration fee at time of application to hasten the process.

### **Statutory declaration (see Part H)**

- SECURE all your attachments (including all additional sheets, certified copies of supporting documents, and certified translations) to the application form.
- SIGN the Statutory Declaration (with attachments) before an authorised witness (see list of authorised persons in Appendix 2).

### **Postal address**

Send all of the required items to the following postal address:

The Registrar, Chinese Medicine Registration Board of Victoria  
PO Box 5088  
Alphington, VICTORIA, 3078  
Australia

### **Checklist**

Required Item	Done?
Completed application form	
Additional sheets (where required) securely attached, with your name and signature on each sheet	
Certified copies of supporting documents	
Certified translations (where applicable)	
List of attachments completed in Part F	
Statutory declaration (with all attachments), signed before an authorised witness (see list of authorised persons in Appendix 2)	
Application fee	

### **After the CMR Board receives your application**

The CMR Board will consider the information contained in your application form and attached documents. Sometimes, the CMR Board will seek further information from you, or seek information from other sources (in accordance with your authorisation in Part E).

If the CMR Board decides to grant you registration, you will then be sent an invoice for your registration fee (see Appendix 3 for details).

Once your registration fee is received, and you have provided evidence that you have the required level of professional indemnity insurance cover (see part D question 12 of this application form and Appendix 7) the CMR Board will register you in the *Register of Chinese Medicine Practitioners*. At that point, you will be issued with a Certificate of Registration and be legally recognised as a registered health practitioner in Victoria.

## **Right to make submissions to the CMR Board**

Where an applicant applies for general registration under section 6 of the HPR Act, the CMR Board must notify the applicant if it proposes to:

- refuse general registration, or
- impose a condition, limitation, or restriction on the applicant's registration.

The applicant then has the right to make submissions to the CMR Board, which the CMR Board must take into consideration before making its final decision (see section 15 of the HPR Act).

## **Queries**

If you have any questions about how to complete this application form, or any other questions in relation to your application for registration, please contact the Registrar of the Chinese Medicine Registration Board of Victoria, Ms Debra Gillick, or her Personal Assistant, as follows:

Postal Address: PO Box 5088, Alphington, Victoria, 3078, AUSTRALIA

Phone: (03) 9499 3800

Fax: (03) 9499 8688

Email: [admin@cmrb.vic.gov.au](mailto:admin@cmrb.vic.gov.au)

## **Updated information**

Up to date information about the application process is posted on the CMR Board's website at [www.cmrb.vic.gov.au/registration/applintro.html](http://www.cmrb.vic.gov.au/registration/applintro.html).

## **Privacy statement**

The right to privacy is a value that is highly regarded by Australians. The CMR Board takes privacy seriously and is committed to protecting the privacy of individuals. This includes health and other confidential information, which is necessary for the CMR Board to carry out its functions under the HPR Act. The CMR Board will take all reasonable steps to protect individual information from loss, misuse or unauthorised disclosure or destruction.

The CMR Board endeavours to balance the rights of privacy with the need to be accountable and transparent in its dealings. Certain information will not be available under freedom of information laws. This includes private information relating to another individual, the CMR Board's internal working documents and material obtained in confidence.

The CMR Board's full privacy policy is available on the website at [www.cmrb.vic.gov.au](http://www.cmrb.vic.gov.au) or from the office on (03) 9499 3800.



# Part A Applicant's details

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## 1 Personal details

Title: Mr Ms Miss Mrs Dr Prof Other (specify): .....

Gender: Male Female

Given names: 1<sup>st</sup> ..... 2<sup>nd</sup> .....

Family name: .....

Date of birth (day/month/year): .....

## 2 Other names

Are there any other names by which you are CURRENTLY known and/or have PREVIOUSLY been known (e.g. maiden name, alias)?

Yes  No

If yes, please provide details below:

Given names: 1<sup>st</sup> ..... 2<sup>nd</sup> .....

Family name: .....

## 3 Division of acupuncturists

Do you wish to apply for general registration under section 6 of the HPR Act in the division of acupuncturists?

Yes  No

If yes, on what basis are you applying? (TICK ONE BOX)

- Graduate of an approved course in Acupuncture; or  
 I have already sat the CMR Board's registration examinations; or  
 I was previously registered within the last 2 years and wish to register again.

## 4 Division of Chinese herbal medicine practitioners

Do you wish to apply for general registration under section 6 of the HPR Act in the division of Chinese herbal medicine practitioners?

Yes  No

If yes, on what basis are you applying? (TICK ONE BOX)

- Graduate of an approved course in Chinese herbal medicine; or  
 I have already sat the CMR Board's registration examinations; or  
 I was previously registered within the last 2 years and wish to register again.

## 5 Contact details (NOT open for public inspection)

The following information is required for the purposes of correspondence from the CMR Board. It will NOT appear in the *Register of Chinese Medicine Practitioners* that is open for public inspection unless it is the same as your nominated public address.

Contact address: -----

----- Postcode

Phone: -----

Mobile: -----

Fax: -----

Email: -----

## 6 Public register address (open to public inspection)

The following information will be included in the *Register of Chinese Medicine Practitioners* that is open to public inspection on the CMR Board's website. This is a requirement of the HPR Act.

Public register address: -----

----- Postcode

If asked by the public, do you want CMRB to provide a phone number?  Yes  No

If yes, which one? -----

## 7 Details of where you practise

<p>Clinic 1 Address:</p> <p>Phone:</p> <p>Fax:</p> <p>Email:</p>	<p>Clinic 2 Address:</p> <p>Phone:</p> <p>Fax:</p> <p>Email:</p>
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If you work at any other clinics please attach an additional sheet with details.

## 8 Details of any current registration

Are you CURRENTLY registered in any division(s) of the *Register of Chinese Medicine Practitioners*?

No

Yes; please provide the following details:

- i. the division(s) in which you are currently registered;
  - ii. the name under which you are registered, and
  - iii. your registration number
- 

## 9 Details of previous registration

Have you previously been registered in any division(s) of the *Register of Chinese Medicine Practitioners* and are NO LONGER REGISTERED IN THOSE DIVISION(S)?

No

Yes; please provide the following details:

- i. the division(s) in which you were previously registered,;
  - ii. the name under which you were previously registered,
  - iii. your former registration number, and
  - iv. the reason for being no longer registered
- 

## 10 Details of unsuccessful applications

Have you previously applied for registration in any division(s) of the *Register of Chinese Medicine Practitioners* AND NOT BEEN GRANTED REGISTRATION?

No

Yes, please provide details below, including:

- i. the division(s) applied for;
  - ii. the name(s) under which you applied;
  - iii. the date(s) of any previous application(s); and
  - iv. your reference number (if known).
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## Part B Recency of practice

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- I graduated in ..... and am about to commence health practice for the first time (if within the last two years, go to Part C, otherwise answer the following question).
- I am an existing practitioner (please answer the following question).

For existing practitioners recency of practice means that you have been in practice within the past two years. Have you had sufficient practice experience in the last two years to maintain your competence in the division/s in which you seek to be registered?

- Yes
- No, please provide details: -----

If you have not had sufficient experience in the practice of Chinese medicine in the last two years (eg you are no longer seeing patients) please refer to the CMRB Board's *Policy on Recency of Practice* at [www.cmrb.vic.gov.au/information/p&c/practiceconduct.html](http://www.cmrb.vic.gov.au/information/p&c/practiceconduct.html)

## Part C Graduate of approved course

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Only complete this part of the form if you are applying for general registration as a GRADUATE of an approved course<sup>2</sup> in acupuncture or Chinese herbal medicine.

### 1 Qualifications

Course	Institution	Date that you completed your course and became eligible for graduation

**Certified Copies:** Please attach certified copies of evidence of your graduation status, including awards (i.e. certificates, diplomas, degrees) or a 'Letter of Course Completion' (from Student Administration) AND your transcript of academic record (showing subjects, results, hours and/or credit point value, and years of study).

**Post-Graduate Courses:** If you have completed an approved post-graduate qualification, please include with your application, a certified copy of your undergraduate qualification/s and academic transcript/s.

<sup>2</sup> For updated details about currently approved courses check [www.cmrb.vic.gov.au/registration/approvedcourses.html](http://www.cmrb.vic.gov.au/registration/approvedcourses.html) or email [admin@cmrb.vic.gov.au](mailto:admin@cmrb.vic.gov.au)

## Part D Matters taken into consideration

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Section 6(2) of the HPR Act sets out a number of grounds that the CMR Board may take into account when deciding whether to grant or refuse general registration to an applicant.

In addition, the CMR Board has the power to regulate standards of practice (section 118(d)) and to impose any condition, limitation or restriction it thinks is appropriate upon the person's registration (section 6(3)).

Section 6(2) of the HPR Act sets out grounds upon which the Chinese Medicine Registration CMR Board may refuse general registration.

Other information is required to ensure compliance with the Act:

- section 3 provides the definition of 'unprofessional conduct',
- sections 4(2)(c) and 6(2)(d) for information related to: claims for alleged negligence; offences
- section 6(2)(a) relates to Applicant's 'character'
- section 6(2)(b) relates to whether an alcoholic or drug-dependent applicant is fit to practice
- section 6(2)(d) relates to other offences
- section 6(2)(c) relates to whether an applicant's physical or mental incapacity significantly impairs their fitness to practise
- section 6(2)(e) relates to unfinalised proceedings
- section 6(2)(f) relates to English proficiency
- section 6(2)(g) relates to any suspension, cancellation of an Applicant's right to practise in another jurisdiction
- section 34 relates to duty of a registered practitioner to disclose information about claims for medical negligence and indictable offences.

The questions following relate to issues such as: your standards of practice and fitness to practise; whether your character is such that it would be in the public interest to allow you to practise as a registered practitioner of acupuncture or Chinese herbal medicine, and whether you have engaged in 'unprofessional conduct'.

### 1 Claims for medical negligence

Have you ever been the subject of ANY claim for damages or other compensation for alleged negligence in the course of providing any health care services which has resulted in a court award for damages?

- YES, please provide details below of the claim, including the total dollar amount you were ordered to pay. (Attach a certified copy of any document(s) that you wish the CMR Board to take into consideration.)
- NO

## 2 Health fund provider rebate status

Have you ever had provider rebate status refused or withdrawn by a private health fund or insurer?

- YES, please provide details below, including name of fund and date of withdrawal (attach a certified copy of any document(s) that you wish the CMR Board to take into consideration).
- NO

## 3 Complaints

Have you ever been the subject of a complaint to the Health Services Commissioner of Victoria or to ANY similar health complaints body, including professional associations ANYWHERE?

- YES, please provide details below (attach a certified copy of any document(s) that you wish the CMR Board to take into consideration).
- NO

## 4 Alcoholic and drug dependent persons

Are you an alcoholic or drug-dependent person within the meaning of the Alcoholics and Drug-dependent Persons Act 1968 (see definition in Appendix 4)?

- YES, please provide details below (attach a certified copy of any document(s) that you wish the CMR Board to take into consideration).
- NO

## 5 Offences

Are there any CHARGES PENDING against you, or have you ever been CONVICTED or FOUND GUILTY of any offence anywhere?

- YES, please provide details below (attach a certified copy of any document(s) that you wish the CMR Board to take into consideration).
- NO

## 6 Unfinalised proceedings under Part 3 of the Act

Unfinalised proceedings includes, but is not limited to, any disciplinary proceedings, preliminary investigations or actions or other enquiries that may lead to disciplinary proceedings in relation to your professional conduct or your fitness to practise on the basis of health.

Are there any unfinalised proceedings against you under Part 3 of the Chinese Medicine Registration Act 2000 or HPR Act as a result of any previous or current registration under either Act?

- YES, please provide details below (attach a certified copy of any document(s) that you wish the CMR Board to take into consideration).
- NO

## 7 Fitness to practise

Do you have any PHYSICAL or MENTAL incapacity which MAY affect your ability practise in health care?

- YES, please provide details below (attach a certified copy of any document(s) that you wish the CMR Board to take into consideration.)
- NO

## 8 Proficiency in English

What is your first language? .....

Only answer the following questions if English is NOT your first language. Please refer to Appendix 5 for details of the CMR Board's English language policy.

What evidence do you have or will you be providing of your competence in English?

- I was previously registered under the CMR Board's grandparenting policy
- IELTS (International English Language Testing System). Only the academic test is acceptable and the minimum acceptable result is 6.0 in each component. Level attained .....
- OET (Occupational English Test). The minimum requirement is B-level in all four sections. Level attained .....
- TOEFL (American Test for English as a Foreign Language). This will only be accepted if the test included the spoken component. The minimum requirement is 237 (test of written English 4.5). Level attained .....

Other (please provide details)

- I have successfully completed Chinese medicine post-secondary education of at least 2-years full-time, for which English is the language of instruction.
- I have original evidence of successful completion of another test, which can be demonstrated to be of an equivalent standard to one of the acceptable tests

### Certified copies

Please attach a certified copy of proof of the English language skills claimed above or of any other documentary evidence that you wish the CMR Board to take into consideration.

## 9 Effective communication

- I understand and agree to abide by *Appendix 5 Policy on English language and effective communication*

## 10 Availability of first aid

- I understand and agree to abide by *Appendix 6 Guidelines on first aid*.

## 11 Professional conduct

### Equivalent right to practise in another jurisdiction

Have you EVER PREVIOUSLY held an equivalent right to practise any form of health care in another State, Territory or country which was CANCELLED or SUSPENDED and not restored, or have you applied and been REFUSED?

- NO
- YES, please provide details below (attach a certified copy of any document(s) that you wish the CMR Board to take into consideration):

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### Current registration with other professional boards

Are you CURRENTLY REGISTERED with any other health practitioner registration board ANYWHERE (including, but not limited to, registration as a medical practitioner, nurse, dental care provider, chiropractor, osteopath, physiotherapist, pharmacist, or optometrist)?

- NO
- YES, please provide details: -----

### Health professional associations

Have you EVER been SUSPENDED or EXPELLED from any health professional association for breach of its Code of Ethics or Memorandum and Articles of Association, OR have you ever had a membership application REFUSED either in Australia or elsewhere?

- NO
- YES, please provide details below (attach a certified copy of any document(s) that you wish the CMR Board to take into consideration):

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## 12 Insurance details (professional indemnity insurance)

The HPR Act sets out mandatory requirements in relation to professional indemnity insurance. It is recommended that you apply for this insurance immediately as delays will prevent you from becoming registered.

PLEASE READ AND TICK BOTH BOXES

- I understand and agree to abide by *Appendix 7 Guidelines on Professional Indemnity Insurance*.
- I undertake to be covered, AT ALL TIMES DURING REGISTERED PRACTICE, by professional indemnity insurance to the approved level of cover specified by the CMR Board in its guidelines.

TICK ONE OF THE FOLLOWING BOXES

- I currently have (or am covered as an employee) professional indemnity insurance to the approved level of cover specified by the CMR Board in its guidelines (see Appendix 7). I have enclosed a certified copy of the required evidence as set out below.

**OR**

- I am NOT currently covered by professional indemnity insurance to the approved level of cover specified by the CMR Board in its guidelines (Appendix 7). I undertake not to commence practice as a registered practitioner until I am.

**Providing evidence**

The following required evidence MUST be provided to the CMR Board by ALL applicants for registration either:

- at the time of completing this application form, OR
- prior to becoming registered

**Required evidence**

A copy of the certificate of currency (Schedule) from the insurance company or a confirmation of cover from an insurance broker must be submitted before you can be registered. The evidence must contain the following information:

- name of the insurer
- policy number
- limit of indemnity a) for each and every loss and b) in the annual aggregate
- deductible(s) (excess)
- period of insurance.

In addition, on the request of the CMR Board, the practitioner must provide, within 14 days, the full policy wording to enable the CMR Board to determine whether an applicant has professional indemnity insurance that satisfies the CMR Board's requirements.

**13 Other relevant information**

Are there any other factors that the CMR Board may wish to take into consideration when determining whether to grant your application for registration?

- YES, please provide details below (where necessary, attach a separate sheet and/or a certified copy of any document(s) that you wish the CMR Board to take into consideration).
- NO

## Part E Use of information

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### 1 Consent to obtain information

I consent to the CMR Board undertaking the following actions PROVIDED THAT the CMR Board acts according to the principles of natural justice:

Obtain information from other sources

I consent to the CMR Board seeking additional information (including, but not limited to, information about me) from any source in Australia or overseas and in any manner it thinks fit for the purposes of:

- verifying the information provided in my application (and attached documents) and/or
- enabling the CMR Board to perform its powers and functions under the HPR Act.

This includes (but is not limited to) consent to seek information from academic institutions, professional associations, the Health Services Commissioner, the police and insurance providers.

## Part F Applicant's list of attachments

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List in the table following, all the documents that are attached to your application form, including:

- additional sheets (with your name and signature on each sheet),
- certified copies of supporting documents, and
- where applicable, certified translations<sup>3</sup>.

All these documents should be securely attached to your application form when you sign the statutory declaration in Part H in front of an authorised witness (see Appendix 2).

Attached document All attachments must be listed below. Your name and signature must be on each attachment.	Part/Question

<sup>3</sup> Contact the National Accreditation Authority for Translators and Interpreters on (03) 9642 3301 for the name of a suitable translation service.

# Part G Application and registration fees

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A schedule of application and registration fees is contained in Appendix 3.

## 1 Application fee

In accordance with section 4(2)(b) of the HPR Act, the correct application fee must be attached to your application (see Appendix 3).

Please read both statement and tick both boxes:

- My correct \$50 application fee is attached to this application form.
  - I understand that this application fee is not refundable. The full application fee applies whether or not registration is granted.
- Your cheque or money order should be made out to the ‘Chinese Medicine Registration Board of Victoria’.
  - Do NOT send cash.

## 2 Registration fee (and process)

- I understand that if the CMR Board decides to grant me registration, I will be sent an invoice for my registration fee, as detailed in Appendix 3.

Once my registration fee is received, the CMR Board will register me in the *Register of Chinese Medicine Practitioners*. At that point, I will be issued with a Certificate of Registration and will be legally recognised as a registered practitioner.

- I also understand that the CMR Board must notify me if it proposes to:
  - refuse my general registration, or
  - impose a condition, limitation, or restriction on my registration

and that if this occurs, I have the right to make submissions to the CMR Board, which the CMR Board must take into consideration before making its final decision.

# Part H Statutory declaration

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The following declaration MUST be signed before a properly authorised witness.

I DECLARE as follows, knowing that:

- a person making a false declaration in Victoria is liable to the penalties for perjury (in accordance with the *Evidence Act 1958*) and outside Victoria as per relevant legislation
- it is also an offence under section 83(a) of the *Health Professions Registration Act 2005* (HPR Act) to obtain registration fraudulently or by false representation or declaration.

**1 Proof of identity**

I am the applicant specified in this application form.

**2 Required items**

The following items form part of my registration application as relevant;

- this completed application form;
- additional sheets and accompanying documents securely attached, with name and signature on each sheet;
- my application fee; and
- this statutory declaration (with all attachments), which I am now signing before an authorised witness.

**3 Application form and accompanying documents are true and correct**

To the best of my knowledge and belief, all information (application and attachments) I have provided to the Chinese Medicine Registration Board of Victoria (CMR Board) is true and correct.

**4 Bound by provisions of HPR Act**

I agree to be bound by the provisions of the HPR Act and by all regulations and enactments promulgated by the CMR Board and the Governor in Council, and by all guidelines issued by the CMR Board pursuant to section 118(2) of the HPR Act.

**5 I fully understand the document I am signing and the undertakings I have given**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of applicant: \_\_\_\_\_

(print name of applicant here) \_\_\_\_\_

Signed in the presence of: \_\_\_\_\_

(print name of authorised witness<sup>4</sup> here) \_\_\_\_\_

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<sup>4</sup> Being a person who is authorised under the *Evidence Act 1958* to witness Statutory Declarations in Victoria, or if outside Victoria, a person authorised by law where the declaration is made. See Appendix 2 for details.