



## Renewal of registration

1 July 2009 - 30 June 2010

*Health Professions Registration Act 2005*

Send all of the required items by 30 June 2009 to:  
**The Registrar**  
**Chinese Medicine Registration Board of Victoria**  
**PO Box 5088**  
**Alphington Vic 3078**

### Queries

If you have any questions in relation to your application for renewal, please contact the Registrar, Ms Debra Gillick, or her assistant as follows:

Phone: 03 9499 3800; fax: 03 9499 8688; email: [admin@cmrb.vic.gov.au](mailto:admin@cmrb.vic.gov.au).

### Privacy statement

The right to privacy is a value that is highly regarded by Australians. The Chinese Medicine Registration Board of Victoria (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 *Health Professions Registration Act 2005* (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 privacy policy is available at [www.cmrb.vic.gov.au](http://www.cmrb.vic.gov.au) or by calling 03 9499 3800.

**DUE DATE: 30 JUNE 2009**

**AN INCOMPLETE FORM WILL BE RETURNED AND YOU MAY INCUR A LATE FEE**

Office use only		Registration number:	
Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money order <input type="checkbox"/> Bpay

## Workforce Data Collection (see separate page)

The Department of Human Services Victoria (DHS) undertakes regular workforce data collection to support state level workforce planning to assist in monitoring national health workforce trends. As part of the renewal form this year additional information will be collected on behalf of the DHS. Responses will remain anonymous and the use of statistical aggregates means individuals will not be identified. Aggregated data will be published and may be released upon request to outside bodies. Queries regarding the survey can be directed to the DHS Service and Workforce Planning Section on 03 9096 8136.

## 劳动人口数据收集（请见附页）

为了对全州劳动人口的规划给与支持，协助监测全国卫生行业劳动人口的趋势，维多利亚州人类服务部(DHS)定期收集劳动人口方面的数据。在今天的会员资格续签表上，我们代表DHS另外收集相关资料。填写资料时，无需署名，综合统计数据使用时，不会披露个人身份。综合数据将会出版，并且可根据外部机构的要求予以提供。有关调查方面的查询，请联系DHS Service and Workforce Planning Section，电话03 9096 8136。

---

## Part A Personal details

Title: \_\_\_\_\_ Registration number: \_\_\_\_\_  
Given names: \_\_\_\_\_  
Family name: \_\_\_\_\_  
Date of birth (day/month/year): \_\_\_\_\_  
Please provide new details if necessary: \_\_\_\_\_

---

## Part B Renewal (Practising & non-practising)

In which division/s do you wish to apply for renewal?

Acupuncturist  Yes  No

Chinese herbal medicine practitioner  Yes  No

## Contact details (not open for public inspection)

“Contact details” is the address used by the CMR Board to contact you.

Current details	Please provide details of any changes

## Matters for consideration

The CMR Board has an important role in ensuring the public safety and it needs to know if over the last 12 months (or if not previously disclosed by you) any of the following applies to you.

Matters for consideration	Yes
a) a claim for damages or other compensation for alleged negligence in the course of practising Chinese medicine which has resulted in a court award for damages against me	
b) another claim for damages or other compensation for alleged negligence in the course of providing health care services which has resulted in a court award for damages against me	
c) I have had a claim of negligence against me arising out of my practice	
d) I have been committed for trial or convicted of an offence or found guilty of an offence (other than a minor traffic infringement)	
e) I had provider rebate status REFUSED OR WITHDRAWN by a private health fund or insurer	
f) a complaint has been made against me	
g) I may have alcohol and/or drug dependency issues	
h) I have a physical or mental incapacity that may impact on my fitness to practice	
i) I held an equivalent right to practise in a health care profession in another State, Territory or country which was CANCELLED or SUSPENDED and not restored, or which was REFUSED	
j) I have been SUSPENDED, DISQUALIFIED or EXPELLED from any health-related professional association or have been REFUSED membership	

If you have ticked any of the above, please provide details (attach a copy of any relevant document(s) for the CMR Board to take into consideration).

- If none of the matters above apply to you please tick this box to indicate you have read and considered each matter.

## Part C Renewal (practising only)

---

### Public postal address (open to public inspection)

The “public postal address” appears on the register which can be accessed on the internet.

Current details	Please provide details of any changes

## Practice details

Please provide details of any additional workplaces which you have not previously advised.

### Additional workplace

Clinic 1 Address:	Clinic 2 Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

If you work at any other places please attach an additional sheet with details.

## Professional indemnity insurance

Please read the enclosed “*Guidelines on professional indemnity insurance*”.

Please confirm **BOTH** of the following statements:

- Yes, I have read the “*Guidelines on professional indemnity insurance*” and understand the requirements placed upon me as a registered practitioner.
- Yes, I have enclosed a copy of my current certificate/schedule of currency with this form. I understand the CMR Board must receive a copy of this document along with my form.

## Recency of practice

Recency of practice means that you have been in practice within the past two years. If you have not had sufficient experience in the practice of Chinese medicine in the last two years please contact the CMR Board for advice on what you must do<sup>1</sup>.

Please confirm **ONE** of the following statements:

- Yes, I have had sufficient practice experience within the last two years to maintain my competence in the division/s in which I have previously been registered.

OR

- No, I have not had sufficient practice experience within the last two years to maintain my competence in the division/s in which I have previously been registered. I enclose a proposal/plan consistent with the CMR Board’s ‘*Policy on recency of practice*’.

---

<sup>1</sup> See [www.cmr.vic.gov.au/information/p&c/practiceconduct.html](http://www.cmr.vic.gov.au/information/p&c/practiceconduct.html) to access the ‘*Policy on recency of practice*’ or for further information contact the office staff on 03 9499 3800.

# Part D Declarations and signatures

---

Please complete the appropriate declaration that reflects your renewal intention

1. Not to renew your registration; OR
2. Renew as non-practising practitioner; OR
3. Renew as practising practitioner.

## 1 Non renewal of registration

Please tick the boxes to confirm the following statements.

- I hereby advise the CMR Board that as a registered practitioner I do not wish to renew my registration. I undertake not to practise Chinese medicine in breach of the HPR Act in Victoria from the date that I am removed from the register. I understand that as an unregistered practitioner my name will be removed from the register.
- I state that the details I have provided on my application form are true and correct in every detail and that I fully understand everything on this form.

Signature of the applicant ..... Date of signature .....

## 2 Renewal as a non-practising practitioner

Please tick the boxes to confirm the following statements.

- I hereby advise the CMR Board that I intend to renew as a non-practising practitioner.
- I declare as follows, I will not practise Chinese medicine whilst I am registered as a non-practising practitioner.
- I state that all details that I have provided on my application form are true and correct in every detail and that I fully understand everything on this form.
- I acknowledge that persons making a false declaration in Victoria are liable to the penalties for perjury (in accordance with the *Evidence Act 1958*) and outside Victoria as per relevant legislation.

This section must be signed before a properly authorised witness\*.

Signature of applicant ..... Print name here .....

Signed in the presence of ..... Print name here .....

\*How is this person authorised to act as a witness? .....

Dated this ..... day of ..... 20 .....

\* Being a person who is authorised under the *Evidence Act 1958* to witness Statutory Declarations in Victoria, or if this declaration is made outside Victoria, a person authorised by law where the declaration has been made.

## 3 Renewal as a practising practitioner

Please tick the boxes to confirm the following statements.

- I hereby advise the CMR Board that I intend to renew as a practising practitioner for the period 1 July 2009 - 30 June 2010.
- I state that the details I have provided on my application form are true and correct in every detail and that I fully understand everything on this form.

This section must be signed before a witness who is over 18 years of age.

Signature of applicant ..... Date of signature .....

Signature of witness ..... Date of signature .....

## Part E Renewal fee and tax invoice

Chinese Medicine Registration Board of Victoria  
ABN 75 387 439 281

Issued May 2009

The period of registration covered by this fee shall extend to 30 June 2010.

Renewal and late fees are GST free.

<b>Renewal as a non-practising practitioner</b>	
If you will not be practising from 1 July 2009 to 30 June 2010	\$90.00
<b>TOTAL TO BE PAID</b>	<b>\$90.00</b>

**OR**

<b>Renewal as a practising practitioner</b>	
<b>1 Division;</b> Acupuncture <b>OR</b> Chinese Herbal Medicine	\$420
<b>OR</b>	<b>OR</b>
<b>2 Divisions;</b> Acupuncture <b>AND</b> Chinese Herbal Medicine	\$475
Late Fee *	\$100.00
<b>TOTAL TO BE PAID</b>	<b>\$</b>

\*A late fee of \$100 is applicable when any of the following; registration fee, compliant form, evidence of professional indemnity insurance are not received by the CMR Board by 30 June 2009.

The CMR Board must remove practitioners from the register who do not pay their registration fee, late fee and submit a fully compliant application by 30 September 2009. Any practitioner removed from the register will be unable to continue practice using the protected titles and must not claim to be qualified to do so.

### Payment Methods

#### **Cheque/money order**

Enclose a cheque/money order made payable to:

Chinese Medicine Registration Board of Victoria.

Write your name and registration number clearly on the back of the cheque/money order.

#### **Bpay**

Payment by Bpay is available, please contact the office staff on 03 9499 3800 for your reference number.

**PLEASE RETAIN A COPY OF THIS PAGE FOR YOUR TAXATION RECORDS**

# Workforce Data Collection

Please complete the following information for workforce survey purposes

1. Please indicate your gender?  Female  Male

2. Please write your year of birth

3. Please indicate your place of birth

Australia  New Zealand  China  Hong Kong  Taiwan  Korea

Japan  Singapore  USA/Canada  UK/Ireland  Other specify .....

4. What year did you **first** commence Chinese medicine practice?

5. Which year were you **first** registered with the Chinese Medicine Registration Board of Victoria?

6. Which divisions are you registered in?  Acupuncture; if acupuncture only go to qu.7  
 Chinese herbal medicine; if Chinese herbal medicine only go to qu.10  
 Both; if both, answer all questions that follow

7. Please indicate your highest level of academic qualification in **Acupuncture**?

No academic qualification (go to question 13)  
 Certificate  Diploma  Advanced diploma  Bachelor degree  
 Post graduate degree  Masters degree  PhD  Other specify .....

8. In what year was this qualification achieved?

9. In which location did you obtain this qualification?

Vic  NSW  QLD  WA  ACT  SA  
 China  Hong Kong  Taiwan  Korea  Japan  Singapore  
 New Zealand  USA/Canada  UK/Ireland  Other please specify .....

(If acupuncture only go to question 14)

10. Please indicate your highest level of academic qualification in **Chinese herbal medicine**?

Same as combined qualification above (go to question 14)  No academic qualification (go to question 13)  
 Certificate  Diploma  Advanced diploma  Bachelor degree  
 Post graduate degree  Masters degree  PhD  Other specify .....

11. In what year was this qualification achieved?

12. In which location did you obtain this qualification?

Vic  NSW  QLD  WA  ACT  SA  
 China  Hong Kong  Taiwan  Korea  Japan  Singapore  
 New Zealand  USA/Canada  UK/Ireland  Other please specify .....

(Go to question 14)

13. If you do not have any academic qualifications

have you completed an apprenticeship?  No  Yes Where? .....

14. What is the postcode of your usual residence?

15. What is the postcode of your primary work location?

16. Which of the following best describes your work status in the last week?

Please tick all applicable options

I was working as a Chinese medicine practitioner (include clinical, research and teaching work)

- Only in Victoria, Australia
- Mainly in Victoria but also in other states and territories of Australia
- Mainly in other states and territories of Australia but also in Victoria
- Only in other states/territories of Australia
- Mainly in Victoria, Australia but also overseas
- Only overseas
- I did not work last week
- I am retired
- I was working in an occupation or industry unrelated to Chinese medicine practice
- On leave for 3 months or longer (e.g. maternity leave, long service leave etc)
- Other, please specify .....

17. Please record your total hours worked for the past week in ALL of the Chinese medicine jobs/locations in which you worked.

Clinical

Research

Teaching

18. Please indicate how many patients on average you see in a week.

- 0 -10
- 11-20
- 21-30
- 31-40
- 41 or more

19. Which of the following describes your regular Chinese medicine work arrangements?

Please tick all applicable options

- |   | LOCATIONS                |                          | CLINIC                                 |                          |
|---|--------------------------|--------------------------|--|--------------------------|
|   | Single                   | Multiple                 | Home                                   | Public/Commercial        |
| <input type="checkbox"/> Chinese medicine shared practice                     | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |
| <input type="checkbox"/> Shared practice with other health care practitioners | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |
| <input type="checkbox"/> Locum  | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |
| <input type="checkbox"/> Sole practice  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/> |
|   | Hospital                 | University               | Other                                  |                          |
| <input type="checkbox"/> Public sector  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> specify ..... |                          |
| <input type="checkbox"/> Researcher   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> specify ..... |                          |
| <input type="checkbox"/> Non-government/non-profit                            |                          |                          |  |                          |
| <input type="checkbox"/> Rehabilitation facility                              |                          |                          |  |                          |
| <input type="checkbox"/> Residential aged care                                |                          |                          |  |                          |
| <input type="checkbox"/> Community health centre                              |                          |                          |  |                          |
| <input type="checkbox"/> Sports clinic/fitness centre                         |                          |                          |  |                          |
| <input type="checkbox"/> Other, please specify .....                          |                          |                          |  |                          |

20. What languages do you use professionally in patient/client encounters?

Please tick all applicable options

- English
- Other European please specify .....
- Mandarin
- Cantonese
- Other Chinese please specify .....
- Other Asian please specify .....
- Other please specify .....