



NEW SOUTH WALES MEDICAL BOARD

APPLICATION FOR REGISTRATION
MUTUAL RECOGNITION ACT, 1992

I,

(Family Name)*

(Given Names)*

of,

(Address* - to be entered on the Register, which is a public document)

Sex*

M

F

Date of Birth*

hereby apply for registration in New South Wales.

I am the holder of the following qualifications*

Table with 4 columns: NAME OF UNIVERSITY, COLLEGE OR OTHER BODY; PLACE WHERE UNIVERSITY, COLLEGE, OR OTHER BODY IS SITUATED; DESCRIPTION OF QUALIFICATION; YEAR OF CONFERMENT OF QUALIFICATION.

NB: Information marked with * will be publicly accessible on the Register.

I solemnly and sincerely declare as follows:

- 1. I am currently registered in: (nominate all states or territories where registered)
2. I am seeking registration as a medical practitioner in New South Wales in accordance with the principles of the Mutual Recognition Act.
3. I am not the subject of disciplinary proceedings in any State or Territory...
4. My registration is not cancelled or currently suspended as a result of disciplinary action.
5. I am not otherwise personally prohibited from carrying on the practice of medicine...
6. My registration in another State or Territory is not / is subject to any special conditions.
7. I consent to the New South Wales Medical Board making enquiries...
8. I attach evidence of my current registration and details of my registration status...
10. My registration number in that State or Territory is
11. I have / have not been registered previously in NSW.

If so, my registration number is MPO

PLEASE TURN OVER FOR FURTHER QUESTIONS AND DECLARATION

12. My professional indemnity insurance (PII) status is as follows

(a) **Approved PII Provider:** _____ Member Code: _____

(b) **Exempt**

- | | |
|--|--|
| <input type="checkbox"/> employee of public health organisation | <input type="checkbox"/> non-practising registration |
| <input type="checkbox"/> practice outside NSW | <input type="checkbox"/> indemnified employee |
| <input type="checkbox"/> not providing health care/opinions | <input type="checkbox"/> Government indemnity |
| <input type="checkbox"/> statutory protection from liability | <input type="checkbox"/> pre-existing non-approved insurance |
| <input type="checkbox"/> interim – cessation of insurer's business | |

13. I attach a passport sized photograph of myself verified by a Solicitor or Justice of the Peace

14. In completing this application:

- (a) I hereby authorise the NSW Medical Board to make inquiries of such other bodies or persons as may be necessary to verify the particulars disclosed in the application.
- (b) I acknowledge that I must hold Professional Indemnity Insurance or fit into an exempt category to practise medicine in NSW.

Made and declared at

this _____ **day of** _____ **200** _____

before me:

Signature of applicant

Justice of the Peace/Solicitor

All documents listed above must either be:

- (a) Original **PLUS** a photocopy (to be retained by the Board); **or**
(b) A photocopy certified to be a true copy of the original by a Justice of the Peace or a Solicitor (to be retained by the Board), **and**
(c) Accompanied by an official translation if not in English

**THIS APPLICATION IS TO BE POSTED TO THE NSW MEDICAL BOARD:
PO BOX 104, GLADESVILLE NSW 1675**

Signature of Applicant _____ Date _____

Phone _____ Fax _____

*Your phone and fax numbers are for Board purposes only in case of queries in relation to your application.
These contact details will not be publicly accessible.*

I wish to make payment of \$ 220.00 by:

Cheque Bankcard Mastercard Visa Money Order

Card number: _ _ _ _ _

Name of cardholder: _____ Expiry Date: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY: RECEIPT NO: _____ **DATE PROCESSED:** ___ / ___ / ___