



PODIATRISTS REGISTRATION BOARD

RESTORATION TO THE REGISTER

INTRODUCTION

Podiatrists previously registered in New South Wales, and whose names were removed from the Register for other than disciplinary reasons, may apply for restoration of their names to the Register.

Applicants may apply under the Podiatrists Act 1989, the Mutual Recognition (NSW) Act 1992, or the Trans-Tasman Mutual Recognition Act 1997 (Commonwealth).

Applicants who are not registered in another State or Territory of Australia, or New Zealand, should apply under the Podiatrists Act. *Refer to item 1 below and Appendix 1.*

Applicants who are registered in another State or Territory (jurisdiction) of Australia, or New Zealand, should apply under mutual recognition. *Refer to item 2 below and Appendix 2.*

1. PODIATRISTS ACT 1989

Section 10 of the Podiatrists Act 1989 provides that the Board is required to restore a podiatrist's name to the Register on the written application of the podiatrist, if it is satisfied that the podiatrist is of good character, and payment of the prescribed fee.

The application form is attached as Appendix 1. Applications must be accompanied by the prescribed fee of \$270.00.

Restoration is usually effected upon receipt of the completed application and full fee. Applications for waiver of all or part of the fee, incomplete applications and applications not accompanied by the full fee (incomplete) are referred to the next meeting of the Board following receipt of complete or full fee.. Incomplete applications will necessarily delay restoration to the Register.

2. MUTUAL RECOGNITION

Under the provisions of the Mutual Recognition Act (NSW) 1992, and the Trans-Tasman Mutual Recognition Act 1997 (Commonwealth), a person who has a current authority to practise as an optometrist in another jurisdiction of Australia, or New Zealand, is entitled to be registered in New South Wales.

Mutual recognition provides an additional and alternative avenue for obtaining restoration to the Register.

The application form is attached as Appendix 2. Applications must be accompanied by the following.

- Current practising certificate from interstate jurisdiction or New Zealand. (*Original or certified photocopy*)
- Registration fee \$145.00.

A certified photocopy is a photocopy certified by a Justice of the Peace or Solicitor as being a true copy of the original certificate.

Upon lodgement of a completed application “deemed” registration is granted. Deemed registration entitles the applicant to practise in New South Wales in accordance with the Podiatrists Act 1989. Applicants will receive a certificate of deemed registration indicating the duration of and any conditions that apply to their practice.

Deemed registration continues until substantive registration is granted, or until it is cancelled or refused by the Board. Deemed registrants must be notified of such decisions within one calendar month from the deemed registration date. The Board’s decision is subject to appeal to the Administrative Appeals Tribunal. Deemed registration automatically leads to substantive registration within one month of the grant of deemed registration if a written notice to the contrary has not been issued within this month by the Board.

Substantive registration may be postponed or refused in cases where, for example, statements made in the application/notice are found to be materially false or misleading.

Applicants granted substantive registration will be issued with a certificate of registration (if applicable) and an annual practising certificate.

3. **FURTHER INFORMATION**

If further information is required, or if any questions arise, please contact the Secretary of the Board as follows.

Secretary
Podiatrists Registration Board
PO Box K599
HAYMARKET NSW 1238
Australia

Ph: (02) 92190233
Fax: (02) 92812030
E-mail: podreg@doh.health.nsw.gov.au
Internet: www.podreg.health.nsw.gov.au

NSW PODIATRISTS REGISTRATION BOARD

5.	DECLARATION OF CRIMINAL, CIVIL OR DISCIPLINARY PROCEEDINGS
5.1	I am not the subject of disciplinary proceedings in any State or Territory of Australia, or New Zealand, (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to the above occupation.

6.	CANCELLATION OR SUSPENSION
6.1	My registration has not been cancelled nor is it currently suspended in any State or Territory of Australia, or New Zealand, as a result of disciplinary action.

7.	PROHIBITIONS/SPECIAL CONDITIONS: CRIMINAL/CIVIL OR DISCIPLINARY PROCEEDINGS
7.1	I have not been personally prohibited from carrying on the occupation of a podiatrist, in any State or Territory of Australia, or New Zealand, nor am I subject to any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings, in any State or Territory of Australia, or New Zealand.

8.	SPECIAL CONDITIONS
8.1	Special conditions do not apply to my carrying on the occupation of a podiatrist.
<i>If special conditions do apply please check the box <input type="checkbox"/> and attach details of those conditions.</i>	

9.	INQUIRIES AND INFORMATION GATHERING
9.1	I give consent to the making of inquiries of, and the exchange of information with, the authorities in any State or Territory of Australia, or New Zealand, regarding my activity in the occupation of a podiatrist or otherwise regarding my application for registration.

10.	CURRENT PRACTISING CERTIFICATE
10.1	The attached document evidencing my registration is the original or a complete and accurate copy of my current authority to practise in the jurisdiction listed in item (2) above

11.	REGISTRATION FEE
11.1	Application for registration fee of \$145.00.
<i>Cheques should be made payable to the Podiatrists Registration Board. Overseas cheques and bank drafts must be in Australian dollars and made payable to an Australian bank.</i>	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Bankcard	
<i>Card Type</i>	<i>Card No.</i>
<i>Signature</i>	<i>Card Expiry</i>

12.	DECLARATION
I make this solemn declaration, as to the matter aforesaid, according to the law in this behalf made, and subject to the punishment by law provided for any wilfully false statement in any such declaration.	

Made and declared at _____
Place of declaration

before me _____
Applicant's signature

Signature of Justice of the Peace/ Solicitor/ Public Notary

NOTES
 This application for registration as a podiatrist in New South Wales under Mutual Recognition comprises pages 14-15 of the document entitled "Registration of podiatrists in New South Wales" approved by the New South Wales Podiatrists Registration Board.
 Incomplete applications including omission of payment of the appropriate fee will not be accepted by the Board resulting in deferment of the right to practise. Statements or information which are materially false or misleading will result in postponement or refusal of registration.
 Please ensure your current Authority to Practise Document is attached to this Application (Item 10).
 A photocopy of any of the documents required to accompany this application may be provided if it is certified by a Justice of the Peace, solicitor or public notary as being a true copy of the original