



The Medical Council of Tasmania

PO Box 8,
South Hobart, 7004
Tasmania Australia

Telephone: +61(03).6233.5499
Facsimile: +61(03).6233.7986
Email: mct@medicalcounciltas.com.au
Website: www.medicalcounciltas.com.au

APPLICATION FOR REGISTRATION IN TASMANIA under the provisions of Section 19 of the MUTUAL RECOGNITION ACT 1992

I.....
(full name)

herein apply to The Medical Council of Tasmania to be registered as a medical practitioner pursuant to the provisions of the Mutual Recognition Act 1992.

I submit herewith the following:-

- (a) A completed application and statement overleaf.
- (b) Certified evidence of current registration elsewhere in Australia.
- (c) Certified evidence of holding the AMC Certificate (if applicable).
- (d) The prescribed practising fee.

Notes:

1. **ELIGIBILITY**
If you are registered in another State or Territory of Australia participating in the Mutual Recognition legislation, you are eligible to apply for registration in Tasmania under the Mutual Recognition Act 1992, provided that you are proposing to undertake an "equivalent occupation".
2. **APPLICATIONS**
The legislation prescribes that applications must be made on the form overleaf and witnessed by a Justice of the Peace or a Commissioner for Declarations. Persons who are unable to make the statements contained therein are not eligible to lodge an application under Section 19 of the Mutual Recognition Act.
3. **EVIDENCE OF CURRENT REGISTRATION**
An application must be accompanied by evidence that registration in another State or Territory is current. An annual practising certificate is adequate evidence, and must be the original or a photocopy certified as a true copy by a person authorised to witness documents. Uncertified copies will not be accepted.
4. **PRACTISING FEE**
Applications must be accompanied by payment of the practising fee. The current fee is **\$400.00**, payable in Australian Dollars only and confers eligibility to practise medicine in Tasmania during the period from 1 October 2008 to 30 September 2009.
5. **COMMENCEMENT**
Registration is deemed to commence on receipt of your application in the office of the Medical Council, providing the documentary requirements have been met. You are not required to submit the application in person. A letter confirming your deemed registration will be forwarded promptly, but earlier advice may be obtained by telephoning the Council. You cannot legally practise medicine in Tasmania until registration has been granted.

(Amended on March 2009)

THE MEDICAL COUNCIL OF TASMANIA

APPLICATION FOR REGISTRATION

under the provisions of Section 19 of the Mutual Recognition Act 1992

I,
Surname Given Names

of
Postal Address

POST CODE TEL. NO.....

.....
Business/Professional Address In Tasmania (Statutory requirement)

POST CODE TEL. NO.....

Date of Birth / / Sex (M/F)

Country of Birth

Qualifications

.....
Place and Year

Additional Qualifications (inc. place & year)
(To have your additional qualifications registered with the Medical Council of Tasmania it is necessary to submit documentary evidence (either the original or a certified photocopy of the Diploma or Degree) with your application.

...do solemnly and sincerely declare that:

1. I am currently registered as a medical practitioner in _____ being the State or Territory on which registration I base my application for registration in Tasmania. My current occupation in the abovementioned State or Territory is _____ (please be specific i.e. General Practitioner, Paediatrician, Resident Medical Officer etc.,)
2. I am seeking registration as a medical practitioner in Tasmania in accordance with the conditions of the Mutual Recognition Act 1992. My proposed occupation in Tasmania is _____ (please be specific i.e. General Practitioner, Paediatrician, Resident Medical Officer etc.,)
3. I am also registered as a medical practitioner in the following States/Territories:

4. I am not the subject of any disciplinary proceedings in any State or Territory of Australia (including any preliminary investigations or actions that might lead to disciplinary proceedings).
5. I am not the subject of any disciplinary proceedings in or investigations that might lead to disciplinary proceedings before any medical registering authority outside of Australia.
6. My registration is not cancelled or currently suspended in any State or Territory of Australia as a result of disciplinary action.

7. My registration is not cancelled or currently suspended by any medical registering authority outside of Australia.
8. My state of health is such that it poses no significant risk to a patient or other person whilst I am engaged in medical practice.
9. I am not otherwise personally prohibited from carrying on the practice of medicine in any State or Territory of Australia (or elsewhere) and I am not subject to any special conditions in carrying out the practice of medicine as a result of criminal, civil or disciplinary proceedings in any State or Territory of Australia (or elsewhere).
10. I have never been charged with a criminal offence, nor are there any criminal charges pending against me.
11. I have never been refused registration as a medical practitioner.
12. IF APPLICABLE: The following special conditions apply to my carrying out the practice of medicine in _____ (State/Territory).

(Conditions) _____

13. I consent to the Medical Council of Tasmania making enquiries of, and exchanging information with, the authorities of any State or Territory of Australia (and outside Australia) or organisation or person regarding my activities in the practice of medicine or otherwise regarding matters relevant to this notice.

I attach an instrument evidencing my registration in _____ (State/Territory).
This is

- an original a copy of the original, complete, accurate and certified by a Justice of the Peace, Commissioner for declarations or authorised person.
- I have I have not been registered in Tasmania previously.

I make this solemn declaration under the Oaths Act 2001.

Declared at
Place

On
Date

.....
Signature of Applicant

Before me,

.....
(Justice, Commissioner for declarations
or authorised person)

PAYMENT DETAILS

Cheque/Money Order (payable to THE MEDICAL COUNCIL OF TASMANIA)

Or

Please charge my VISA MASTERCARD

Credit Card number _____

Name on Card _____

Expiry Date ____/____ Signature _____

FOR OFFICE USE ONLY

Payment of Fee received (\$ _____) R/N _____ Date / /

Section 19 Notice completed in full

Statutory Declaration witnessed

Current Authority to Practise attached
(certified if applicable)

Previous Registration verified

Receipt of Application acknowledged Date / /

Licence to Practice issued Date / /

Date of deemed registration

REGISTRATION NUMBER

(Amended March 2009)