

COMMISSION OF INQUIRY NO. 1 OF 2005  
MEDICAL BOARD OF QUEENSLAND

This is the annexure marked "**MDG-10**" mentioned and referred to in the Statement of **MICHAEL STEVEN DEMY-GEROE** dated this 17<sup>th</sup> day of May 2005.

# APPLICATION FOR REGISTRATION AS A MEDICAL PRACTITIONER IN QUEENSLAND (GENERAL AND SPECIAL PURPOSE REGISTRATION)

*Sections 42 and 139 Medical Practitioners Registration Act 2001*

## *Medical Board of Queensland*

**Please read the Accompanying Information Sheet  
before completing this form.**

**Complete Form and Return with Accompanying Documents  
to the address below.**

**Special Purpose Applicants must only be submitted within 3 months  
of the expected start date.**

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***Mailing Address:***

Medical Board of Queensland  
GPO Box 2438  
BRISBANE QLD 4001

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***Enquiries:***

Telephone: (07) 3234 0176  
Facsimile: (07) 3225 2522  
Monday to Friday 9.00 am – 4.00 pm  
E-mail

[medical.registrations@healthregboards.qld.gov.au](mailto:medical.registrations@healthregboards.qld.gov.au)

Website [www.medicalboard.qld.gov.au](http://www.medicalboard.qld.gov.au)

**NOTE:**

***YOUR APPLICATION CANNOT BE  
PROCESSED UNLESS YOU PROVIDE  
ALL THE REQUIRED DOCUMENTATION  
THE APPLICATION FEE AND THE  
REGISTRATION FEE.***



***Location:***

19<sup>th</sup> Floor, Forestry House  
160 Mary Street  
BRISBANE QLD 4000

ABN: 35 789 357 327

**APPLICATION DETAILS** Please ✓ Appropriate Box and Print Complete Information Requested as per Accompanying Guidelines. **ALL SECTIONS OF THIS FORM MUST BE COMPLETED.**

**TITLE:** MR MRS MS MISS DR OTHER \_\_\_\_\_  
(circle preferred title) (please specify)

**FAMILY NAME** \_\_\_\_\_ **GIVEN NAMES** (in full) \_\_\_\_\_

**PREVIOUS NAME(S)** (if applicable) \_\_\_\_\_

**LANGUAGES SPOKEN FLUENTLY** (other than English) \_\_\_\_\_

<b>Date of Birth</b> _____	<b>Place of Birth</b> _____ <b>Country of Birth</b> _____	<b>Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
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<b>REGISTRATION/POSTAL ADDRESS</b> (For inclusion in the public register) All Changes must be notified to the Board _____ _____ _____ <b>Postcode</b> _____ Is this your residential address? YES <input type="checkbox"/> NO <input type="checkbox"/> If "Yes" do you agree that it be available for inspection on the Register? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>PROFESSIONAL / BUSINESS ADDRESS</b> (if different from Registration address) _____ _____ _____ <b>Postcode</b> _____	<b>RESIDENTIAL ADDRESS</b> (if different from Registration address) _____ _____ _____ <b>Postcode</b> _____
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**CONTACT TELEPHONE NUMBERS:** Day \_\_\_\_\_ After Hours \_\_\_\_\_ Mobile \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CATEGORY OF REGISTRATION APPLIED FOR:**  
 Please ensure that the correct category is nominated, as this will be the category the Board must consider when deciding your application.  
 GENERAL (Australian, New Zealand Graduates or AMC Certificate holders) ☐  
 SPECIAL PURPOSE (identify Special Purpose category, see information sheet for details) ☐

<b>QUALIFICATIONS ON WHICH APPLICATION IS BASED: (earliest qualification first)</b>		
Degree/Diploma/Certificate	University/College/Examining Body	Year Conferred
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>SUMMARY OF THE NATURE AND EXTENT OF EXPERIENCE SINCE QUALIFYING AS A MEDICAL PRACTITIONER</b> (If insufficient space set out on separate page)		
Practice Name/Employer	Address	Period of Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REGISTRATION:**

1. State/Territory/Country where first registered as a **medical practitioner** \_\_\_\_\_ and year \_\_\_\_\_
2. Are you currently registered as a **medical practitioner** elsewhere? YES ☐ NO ☐  
If yes, give State/Territory/Country \_\_\_\_\_
3. Please list all licensing authorities that you have been registered with: \_\_\_\_\_
4. Have you ever been registered as a **health practitioner** in another State or Territory of Australia, or another country? YES ☐ NO ☐  
If yes, give State/Territory/Country and indicate profession \_\_\_\_\_
5. Have you ever been registered as a **health practitioner** in Queensland? YES ☐ NO ☐ \_\_\_\_\_  
Profession and Year registered \_\_\_\_\_

**FITNESS TO PRACTISE:**

If you answer "Yes" to any of questions 1 - 6, please provide full details on a separate sheet.

1. Do you suffer from any ongoing medical condition, mental or physical, (including substance abuse or dependence) of which you are aware, and that you know or ought reasonably to know, adversely affects your ability to competently and safely practise medicine? Yes No  
☐ ☐
2. Do you have a criminal history?  
(see accompanying information sheet for an explanation of 'criminal history'). Yes No  
☐ ☐
3. Have you been registered under the *Medical Practitioners Registration Act 2001* or the *Medical Act 1939* (repealed), or have you been registered under a corresponding law applying, or that applied, in another State, or Territory, or a foreign country, **and** the registration was affected either by an undertaking, the imposition of a condition, suspension or cancellation, or in any other way? Yes No  
☐ ☐
4. Has your registration as a **health practitioner** ever been cancelled or suspended or is your registration currently cancelled or suspended as a result of disciplinary action in any State or Territory or in another country? Yes No  
☐ ☐
5. Have you ever been refused registration as a **health practitioner** in any Australian State or Territory, or in another country? Yes No  
☐ ☐
6. Are you currently under investigation by any authority in any Australian State or Territory or in any other country? Yes No  
☐ ☐
7. Do you have a reasonable command of the English language? Yes No  
☐ ☐

**IMPORTANT NOTES:**

- Apart from question 7, if you answer "Yes" to any of the above questions you must attach a full explanation of the circumstances and detail any condition or current disciplinary or other orders to which you are subject. (Please attach in a sealed envelope).
- The term '**health practitioner**' includes any registered provider of services directed at maintaining, improving or restoring people's health and wellbeing.
- Please note that if you are granted registration, you must notify the Board of the following matters:
  - a change in your name
  - a change in your address (and email address)
  - for a special purpose registrant, a change in the way that you undertake the special activity for which you are registered
  - the withdrawal or cancellation of your qualification for registration
  - before carrying on a business providing professional services under a business name other than your own name, you must give the Board notice of the business name. If there is a change to the information in the notice, you must give the board notice of the change within 14 days
  - conviction for an indictable offence in Queensland or under a corresponding law (please use form MHPPS385A).
  - if you are party to proceedings in court claiming damages or compensation for alleged negligence by you in the practice of your profession and in which either a judgement has been delivered or in respect of which there has been a settlement of the proceedings or part of the proceedings (please use form MHPPS385B).
  - if you are registered under a corresponding law and your registration, licence or certification under that law is affected by disciplinary action or is otherwise cancelled, suspended or made subject to a condition or an undertaking (please use form MHPPS385C).
- The Board may enquire with relevant authorities regarding an applicant's criminal history.
- The Board will cooperate with authorities of other States, territories or countries in providing information on undertakings agreed to or conditions imposed on a registration.

**ADDITIONAL COMMENTS OR INFORMATION FROM APPLICANT IN SUPPORT OF REQUEST FOR REGISTRATION AS A MEDICAL PRACTITIONER (if insufficient space set out on separate page) If applying Special Purpose please indicate your sponsor/employer/recruiter.**

**REFEREES:** Give name, address, occupation and telephone number of two persons practising in your profession who have known you for at least the past twelve months.

Name _____	Name _____
Address _____	Address _____
Occupation _____	Occupation _____
Telephone _____ Postcode _____	Telephone _____ Postcode _____

I consent to the Medical Board of Queensland making enquiries of, and exchanging information with, the authorities of any Australian States or Territories or any other countries regarding my practice as a medical or health practitioner, or otherwise regarding matters relevant to this application.

For special purpose applicants: I consent to the Medical Board of Queensland making enquiries of, and exchanging information with, my sponsor, employer or recruiter regarding matters relevant to this application.

I declare that the above statements are true and correct, that I am the person named in the attached documents and that I am the person in the attached photographs which bear my signature and are a recent likeness, and that all documents and supporting material lodged with this application are true and correct.

I also undertake to comply with all relevant legislation, codes of practice, and Medical Board of Queensland policies.

.....  
Printed Name of Applicant

.....  
Signature of Applicant

.....  
Printed Name of Witness

.....  
Signature of Witness

Date: ..... day of .....200.....

**ACCOMPANYING ITEMS - THE FOLLOWING SHOULD BE ATTACHED:**

**ALL PHOTOCOPIES MUST BE CERTIFIED AS TRUE COPIES BY A JUSTICE OF THE PEACE, A COMMISSIONER FOR DECLARATIONS, OR A NOTARY - (PRODUCTION OF ORIGINAL DOCUMENTS MAY BE REQUIRED FOR SIGHTING)**

1. **APPLICATION AND REGISTRATION FEES. THIS IS A TAX INVOICE.**  
(please see accompanying Information Sheet for details)
2. **PROOF OF IDENTITY:**
  - drivers licence, passport, or other official identification document which includes a photograph
  - marriage certificate or other document evidencing change of name (if applicable)
  - statutory declaration for any name changes
3. **RECENT PASSPORT TYPE PHOTOGRAPH/S WITH SIGNATURE ON THE BACK AND CERTIFIED AS A TRUE LIKENESS**
4. **PROOF OF QUALIFICATIONS (Original or certified copies of relevant documents) including:**
  - any specialist qualifications obtained overseas
  - current registration/practising certificate
  - TRANSLATIONS (please see accompanying Information Sheet for details)
5. **A FULL CURRICULUM VITAE WITH DETAILS OF EXPERIENCE AND POSITIONS HELD and must present a continuous professional practice history. Gaps in practice must be explained.**
6. **AN ORIGINAL CERTIFICATE OF GOOD STANDING (COGS):**
  - from each registration authority where you HAVE been registered.
  - a COGS is only valid for 3 months. You will require a new COGS if you they are not current at both the Board approval date and the commencement date.
  - All Certificates of Good Standing must be original and sent directly from the Licensing Authority to the Medical Board of Queensland.
  - No faxes allowed, no matter where they originate.
  - If COG is in a different language, the Board must receive the original as above and the licensing authority must provide a certified copy to the applicant to be translated.
7. **EVIDENCE OF ENGLISH LANGUAGE PROFICIENCY (applies to applicants for special purpose registration only, see accompanying Information Sheet for details)**
8. **DOCUMENTS REQUIRED FOR SPECIAL PURPOSE REGISTRATION (please see accompanying Information Sheet for details)**

**Credit Card Payments (Visa, Mastercard or Bankcard through mail or over counter only). PLEASE DO NOT DETACH.**

To assist with credit card processing, please provide a daytime contact no:- \_\_\_\_\_

For this payment to be accepted you must complete all sections below.

VISA ☐

MASTERCARD ☐

BANKCARD ☐

CARD NUMBER CARD NUMBER \_\_\_\_\_

EXPIRY DATE

CARD HOLDERS NAME (print)

CARD HOLDERS SIGNATURE

AMOUNT \$



# Medical Practitioners Information Sheet

## *General Registration or Special Purpose Registration as a Medical Practitioner*

The following is provided to assist in completing an Application for General Registration or an Application for Special Purpose Registration as a medical practitioner in Queensland.

### Special Purpose Registration

An applicant who does not hold a primary medical qualification obtained in Australia or New Zealand or has not passed the Examination set by the Australian Medical Council for the purpose of qualifying for general registration may be granted registration for the following purposes: -

- **S132, Postgraduate study or training** – to enable a person to undertake postgraduate study or training, in medicine, approved by the Board.
- **S133, Supervised training to prepare for clinical examination** – to enable a person to undertake supervised training, approved by the Board, to prepare for the clinical examination conducted by the Australian Medical Council.
- **S134, Medical teaching or research** – to enable a person to engage in medical teaching or research.
- **S135, Practice in area of need** – to enable a person to practise in an area the Minister for Health has decided is an area of need for a medical service.
- **S135 & 143A, Practice in area of need (deemed specialist)** - to enable a person to practise in an area the Minister for Health has decided is an area of need for a medical service, but in a specialist capacity.
- **S136, Study or training to obtain a qualification in a specialty** – to enable a person with a specialist qualification obtained overseas to undertake study or training to obtain a prescribed qualification in a specialty.
- **S137, Practice in the public interest** – to enable a person to practise the profession for a particular purpose.
- **S138, Practice in general practice** - to enable a person to practise medicine in general practice (must be a Fellow of the Royal Australian College of General Practitioners).

### Documents Required For Special Purpose Registration

#### Section 132 – Postgraduate study or training

1. Letter of Support from sponsor / employer detailing:
  - The purpose of the training
  - the anticipated duration of the program or course
  - all institutions or locations where registrant is required to undertake training
  - an undertaking to provide reports on the registrant, as required by the Board (generally yearly, or at the end of the training program)
  - whether the applicant is an accredited trainee, either basic or advanced, of the relevant College or Specialist Society
2. A Postgraduate Training Program which meets the Boards requirements:
  - full details of the training program or course structure including the objectives and sub-specialties
  - the name and qualifications of the nominated supervisor

- whether limited private practice is intended and how this would relate to the training objective
- 3. Letter of support from the relevant Australian College or Society confirming the doctor's status as an accredited trainee or as an occupational trainee on an appropriate program
- 4. OTD Assessment Form (**ONLY** if currently registered in Queensland).

### **Section 133 – Supervised training to prepare for clinical examination**

1. Letter of Support from sponsor / employer
2. A personalised training programme addressing any deficiencies identified from the AMC MCQ results
3. a certified copy of the full AMC MCQ Results
4. OTD Assessment Form (**ONLY** if currently registered in Queensland)

### **Section 134 – Medical teaching or research**

1. Letter of support from sponsor / employer detailing the period of time required or length of the appointment the research project or teaching commitment, where, when and for how long
2. OTD Assessment Form (**ONLY** if currently registered in Queensland)

### **Section 135 - Practice in area of need**

1. Evidence that the Minister for Health has decided an area of need exists for a medical service which the applicant may be qualified to fill in accordance with Section 135 of the *Medical Practitioners Registration Act 2001*
2. Form 1 – Area of Need Position Description (for completion by employer)
3. Form 2 – Summary of Experience Suitable to the Area of Need (for completion by applicant)
4. Formal Position Description
5. OTD Assessment Form (**ONLY** if currently registered in Queensland).

### **Section 135 & 143A - Practice in area of need (deemed specialist)**

1. Evidence that the Minister for Health has decided an area of need exists for a medical service which the applicant may be qualified to fill in accordance with Section 135 of the *Medical Practitioners Registration Act 2001*
2. Form 1 – Area of Need Position Description (for completion by employer)
3. Form 2 – Summary of Experience Suitable to the Area of Need (for completion by applicant).
4. Formal Position Description
5. Support from the relevant Australian specialty college to practise as a specialist in the identified Area of Need
6. OTD Assessment Form (**ONLY** if currently registered in Queensland).

### **Section 136 - Study or training to obtain a qualification in a specialty**

1. Letter of Support from sponsor / employer detailing:
  - The purpose of the training
  - the anticipated duration of the program or course
  - all the institutions or locations at which registration will be required
  - an undertaking to provide reports on the registrant, as required by the Board (generally yearly, or at the end of the training program)
  - whether the applicant is an accredited trainee of the relevant College or Specialist Society
2. A Postgraduate Training Program which meets the Boards requirements:
  - full details of the training program or course structure including the objectives and sub-specialties;
  - the name and qualifications of the nominated supervisor;
  - whether limited private practice is intended and how this would relate to the training objective



3. Letter of support from the relevant Australian College or Society confirming the doctor would become eligible for Fellowship within 2 years.
4. Certified copy of overseas specialist qualifications
5. OTD Assessment Form (**ONLY** if currently registered in Queensland).

### **Section 137 – Practice in the public interest**

1. Request from sponsor / employer detailing why registration is in the public interest.

### **Section 138 – Practice in general practice**

1. Certified copy of Fellowship Certificate of the Royal Australian College of General Practitioners

## **English Language Proficiency – Special Purpose Registration Only**

Medical practitioners seeking special purpose registration are required to have passed an English Language Proficiency Test. This provides an objective measure to determine whether the applicant's language skills are appropriate to the professional requirements of medical practice in Queensland, and also assists the Board to meet its legislative responsibilities.

All applicants for special purpose registration must provide evidence of their English language proficiency with their application, to be eligible for approval.

Applicants must have completed and passed, at their own expense, the Board's designated test of English proficiency – namely, the International English Language Testing System (IELTS) examination at an overall band score of 7 or higher in the Academic module, within the two years preceding the application, or be eligible for an exemption from the requirement.

For further information regarding the Board's requirements or for instances where the Board can grant an exemption, please refer to the *Policy on English Language Proficiency – Overseas Trained Doctors* located on the Board's website at [www.medicalboard.qld.gov.au](http://www.medicalboard.qld.gov.au).

## **Certified Copies of Documents**

All copies of documents required to be submitted with the application must be certified copies, that is, copies certified by a Justice of the Peace, Commissioner for Declarations, Notary or another authorised person as true copies of the original documents.

Special purpose registrants who are currently registered and are applying for a new period of registration do not need to resubmit documentation submitted in respect to their initial application.

## **Translation**

Translated documents (if translated in Australia) must be bound to a certified copy of the original document, and certified with stamp or seal by an accredited translator certifying that it is a true translation (or similar statement). That translator must also state his or her NAATI accreditation number. The Board must receive the original translation.

## Qualifications

The following must be included with the application form as proof of qualifications:

- certified copy of the academic qualifications nominate in the application if qualifications documents are not in English, an English translation by a certified translator must be attached.

## Proof of Registration and Standing

An applicant who is currently registered elsewhere, or has recently been registered elsewhere, must present the following as proof of registration and standing:

- An original Certificate of Good Standing (COGS) from each registration authority where you have been registered.
- a COGS is only valid for 3 months. You will require a new COGS if you they are not current at both the Board approval date and the commencement date.
- All Certificates of Good Standing must be original and sent directly from the Licensing Authority to the Medical Board of Queensland.
- No faxes allowed, no matter where they originate.
- If COG is in a different language, The Board must receive the original as above and the licensing authority must provide a certified copy to the applicant to be translated.

## Fitness to Practice

In the section titled *Fitness to Practice*, the term "Criminal history" means:

- every conviction for an offence, in Queensland or elsewhere;
- every charge made against the applicant for an offence in Queensland or elsewhere.

The Board may have regard to an applicant's criminal history in deciding whether an applicant is fit to practise the profession. In having regard to criminal history, the Board must have particular regard to any conviction that an applicant has:

- for an indictable offence;
- for an offence against:
  - the *Medical Act 1939* (repealed);
  - the *Medical Practitioners Registration Act 2001*;
  - the *Health Practitioners (Professional Standards) Act 1999*; or
  - a law providing for the same matter in another State, the Commonwealth or another country.
- for an offence, relating to the practice of the profession, against:
  - the *Health Act 1937*;
  - the *Fair Trading Act 1989*;
  - another law in Queensland, the Commonwealth, another State or another country.

Where an applicant answers YES to questions on the application form pertaining to fitness or suitability to practise, a full explanation of the circumstances must be provided with the application.

## Proof of Identity

The following must be presented with the application as proof of identity:

- Certified copy of Driver's Licence, or Passport, or other official identification that includes a photograph.
- Two recent passport-type photographs of the applicant endorsed on the back by a witness as follows:  
     "I (witness) certify this photograph to be a true likeness of (applicant's name)"  
     and signed and dated on the back by the witness and the applicant.
- If a name change is applicable, a certified copy of marriage certificate or deed poll to verify the present name against the name under which the applicant qualified.

## Character References

On the application form the applicant must give the name, address, occupation and telephone number of two persons practising in the profession who have known the applicant for at least the past twelve months.

The Board may contact these persons to obtain referee comment.

## Summary of the Nature, Extent and Period of Experience since Qualifying

Section 45(1)(g) of the *Medical Practitioners Registration Act 2001* provides that in deciding whether an applicant for **General Registration** is fit to practise the profession, the Board may have regard to the nature, extent and period of any practice of the profession by the applicant since the qualification day – i.e. the day the qualification relied upon by the applicant to obtain registration was confirmed or awarded – if the qualification day is more than 3 years before the date of application.

All applicants for **General Registration** or **Special Purpose Registration** must provide a Curriculum Vitae with their application, describing the nature, extent and period of any practice since qualifying as a medical practitioner. Details of the nature of practice, e.g. clinical, continuing education, research, study, teaching or administration should be provided.

## Prescribed Application and Registration Fees

**Special Purpose Registration** may be granted for the duration of an approved activity up to a period of 12 months.

For **Special Purpose Registration** the current fees (in Australian dollars) to be submitted with an application for registration for 12 months are \$433.00 (\$129.00 non-refundable application fee and \$299.00 annual registration fee). Any pro-rata portion of the annual registration fee will be refunded, if applicable, on receipt of notification that the registrant has ceased the special purpose activity.

The **General Registration** period ends on 30 June 2005 and will run on a yearly basis from 1 July to 30 June each year. For **General Registration** applications the current fees (in Australian dollars) to be submitted with an application are as follows:

- \$205.00 (if registering between 1 April 2005 and 30 June 2005)
- \$433.00 (if registering between 30 June 2005 and 31 December 2005)
- \$281.00 (if registering between 1 January 2006 and 31 March 2006)
- \$205.00 (if registering between 1 April 2006 and 30 June 2006)

The above fees include an application fee of \$129.00 (non-refundable) plus either the full or a pro-rata portion of the annual registration fee.

**If these guidelines are not followed and all of the requested supporting documentation provided, delays may occur in processing the application.**

All applications for registration must be approved by the full Medical Board.

**You should ensure that you allow sufficient time for completion of all registration requirements before any intended date of commencement of practise to which you are committed. (AT LEAST 6 WEEKS)**

Should you need further information please contact a staff member of the Office of Health Practitioner Registration Boards on:

(07) 3234 0176, or

e-mail: [medical.registrations@healthregboards.qld.gov.au](mailto:medical.registrations@healthregboards.qld.gov.au)

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#### **PRIVACY STATEMENT**

The Medical Board of Queensland respects your privacy. The Medical Board is collecting the information on this form in order to consider your application for registration as a Medical Practitioner and carry out other functions relevant to the administration of the *Medical Practitioners Registration Act 2001*. (The fully shaded sections of the form may not be specifically or generally mandated by the Act, but have been included in order to confirm your identity and to expedite the processing of your application).

Your name, registration address, qualifications, type of registration and any conditions of registration will be entered on the Register, which is available to the public for inspection (with the exception that your residential address will only be available if you have given notice to the Board that you agree to the details being able to be inspected).