



NEW SOUTH WALES

CHIROPRACTORS REGISTRATION BOARD

RE-REGISTRATION OF CHIROPRACTORS IN NEW SOUTH WALES

1. INTRODUCTION

Chiropractors previously registered in New South Wales, and whose names were removed from the Register for non-payment of the annual registration fee, may apply for re-registration.

Applicants may apply under the Chiropractors Act 2001, or Mutual Recognition Act 1992, or Trans-Tasman Mutual Recognition Act 1996.

Applicants who are not registered in another State or Territory of Australia should apply under the Chiropractors Act. *Refer to item 2 below and Appendix 1.*

Applicants who are registered in another State or Territory of Australia should apply under mutual recognition. *Refer to item 3 below and Appendix 2.*

2. RE-REGISTRATION UNDER THE CHIROPRACTORS ACT 2001

Schedule 1, clause 28(1) of the Act provides that a person whose name has been removed from the Register for failure to pay the annual registration fee is entitled to re-registration if the person pays to the Board any unpaid annual registration fee or fees together with any applicable late payment fee.

Schedule 1, clause 28(2) of the Act provides that a late payment fee is applicable when more than 3 months have elapsed since the person's name was removed from the Register. The late payment fee is such amount as the Board determines.

Schedule 1, clause 28(3) of the Act provides that the Board may waive payment of a late payment fee in a particular case if the Board thinks it appropriate to do so.

Schedule 1, clause 28(4) of the Act provides that the entitlement to re-registration is an entitlement to registration on the same terms and subject to the same conditions (if any) as applied to the person's registration immediately before the removal of his or her name from the Register.

Schedule 1, clause 28(5) of the Act provides that the Board may refuse to register a person under this clause if the Board is of the opinion, following an inquiry under Part 3 of this Schedule, that the person is not competent to practise chiropractic or is not of good character.

Schedule 1, clause 28(6) of the Act provides that a person registered pursuant to an entitlement to re-registration under this clause is taken to have been so registered on and from the day the person's name was removed from the Register or on and from such later day as the Board determines and notifies to the person.

Schedule 1, clause 28(7) of the Act provides that an entitlement to re-registration under this clause does not override any other provision of this Act pursuant to which a person's name is authorised or required to be removed from the Register.

Application procedures

An application form is attached as Appendix 2. The documentary requirements, which must accompany the application form, are outlined in the form. A checklist is appended to assist applicants in complying with the Board's requirements.

As noted in item 4 in the application form, applicants are not required to disclose offences relating to the parking of motor vehicles or any offence under the road transport legislation (within the meaning of the Road Transport (General) Act 1999), except for the following offences.

- An offence under section 42 of the Road Transport (Safety and Traffic Management) Act 1999 relating to driving a motor vehicle upon a public street furiously or recklessly or at a speed or in a manner which is dangerous to the public.
- An offence under section 42 of the Road Transport (Safety and Traffic Management) Act 1999 relating to driving a motor vehicle upon a public street negligently if the applicant is, by way of penalty, sentenced to imprisonment or fined a sum of not less than \$200.
- Any offence under section 19 (2) of the Road Transport (General) Act 1999 (which relates to refusing to produce a driver licence when required or to state name and home address, or stating a false name and home address).
- Any offence under section 12 (1) of the Road Transport (Safety and Traffic Management) Act 1999 (which relates to driving etc while under the influence of alcohol or any other drug).
- Any offence under section 25A (1), (2) or (3) of the Road Transport (Driver Licensing) Act 1998 (which relates to driving while unlicensed).
- Any offence under section 70 of the Road Transport (Safety and Traffic Management) Act 1999 (which relates to failing to stop after an accident).
- Any offence under section 9 of the Road Transport (Safety and Traffic Management) Act 1999 (which relates to presence of prescribed concentration of alcohol in person's blood).
- Any offence under section 43 of the Road Transport (Safety and Traffic Management) Act 1999 (which relates to menacing driving).
- Any other offence under the road transport legislation if the court orders the disqualification of the applicant from holding a driver licence.

Re-registration is usually effected upon receipt of the completed application and fee/s. Applications for waiver of all or part of the fee/s, applications not accompanied by the fee/s [incomplete], and applications where the applicant has practised chiropractic in New South Wales whilst unregistered, are referred to the next scheduled meeting of the Board following receipt for consideration. The Board normally meets on the last Tuesday of each month.

3. RE-REGISTRATION UNDER MUTUAL RECOGNITION

Under the provisions of Mutual Recognition Act 1992 and Trans-Tasman Mutual Recognition Act 1996 a person who has a current authority to practice as a chiropractor in another jurisdiction of Australia or New Zealand is entitled to be registered to practice chiropractic in New South Wales.

Mutual Recognition provides an additional and alternative avenue to the Chiropractors Act for obtaining re-registration.

Application procedures

An application for registration form is attached as Appendix 2. The documentary requirements, which must accompany the application form, are outlined in the form. A checklist is appended to assist applicants in complying with the Board's requirements.

Upon lodgement of a completed application/notice the applicant is "deemed" to be registered in New South Wales and is entitled to practice in New South Wales from the date of lodgement (ss.20, 25 and 27, MRA). The "deemed" registration automatically becomes a substantive (full) registration after one month (s.21(3), MRA), subject to:

- o the Board postponing or refusing substantive registration (ss.25 (1) & 26(3) & (6), MRA), or
- o the applicant's deemed registration is cancelled or suspended or otherwise ceases in accordance with Part 3 of the Act (s.26)(1), MRA), or

- o the applicant ceases to be substantively registered in every state referred to in the application/notice(s. 26(4) MRA); or
- o the applicant requests the Board to cancel its deemed registration (s. 26(5) MRA).

The Board can postpone or refuse the grant of a substantive registration if the application/notice is not fully completed, if the statements in the application/notice are found to be materially false or misleading, if the circumstances of the applicant have materially changed since the application was lodged, or the Board decides that the occupation in which registration is sought is not an equivalent occupation (ss.22 and 23, MRA).

The Board is prohibited from postponing the grant of substantive registration for longer than six months (s.22(6), MRA) and during that period the applicant remains registered as a “deemed” registration(s. 26(6)).

4. FURTHER INFORMATION

Further information is available from:

The Registrar
Chiropractors Registration Board
PO Box K599
Haymarket NSW 1238
Australia

Telephone: (02) 92190277
Facsimile: (02) 92812030
E-mail: chiroreg@doh.health.nsw.gov.au
Internet: www.chiroreg.health.nsw.gov.au

CHIROPRACTORS ACT 2001

APPLICATION FOR RE-REGISTRATION AS A CHIROPRACTOR

NEW SOUTH WALES
CHIROPRACTORS REGISTRATION BOARD

To: The Registrar
Chiropractors Registration Board
PO Box K599
Haymarket NSW 1238
Australia

Level 2
28-36 Foveaux St
Surry Hills NSW 2010
Australia

I, *Full name* _____
hereby apply to be re-registered as a chiropractor in New South Wales under the provisions of the Chiropractors Act 2001, and provide the following information in support of my application.

1. PERSONAL DETAILS			
1.1	Surname:		
1.2	Given names:		
1.3	Previous name/s, aliases [if applicable]:		
1.4	Address:		
1.5	Telephone:	(H)	(W) (Mob)
1.6	E-mail address:		
<i>Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individual(s).</i>			

2. REGISTRATION DETAILS	
2.1	Registration number: CP
2.2	Date of removal of name from the Register:
<i>You may need to contact the Board's office in order to complete items 2.1 and/or 2.2.</i>	
2.3	Were you practising as a chiropractor in New South Wales during the period you were unregistered? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	If the answer to Q3.1 is "YES", please provide full details, including dates, practice location/s, and employer's name/s

3. REGISTRATION IN OTHER JURISDICTIONS			
3.1	Are you or have you ever been registered, certified and/or licensed as a chiropractor or to otherwise practise chiropractic in any other States, Territories or Countries?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	If the answer to Q3.1 is "YES", please provide the following information in respect of each such registration, certification or licence:		
3.2.1	3.2.2	3.2.3	3.2.4
<i>Name of State/s, Territory/s or Country/s:</i>	<i>Name of registering, certifying or licensing authority/s:</i>	<i>Date of registration/s, certification/s or license/s:</i>	<i>Registration number/s [if any]</i>
<i>If you do hold registration in another State, Territory or Country it is necessary for you to arrange for a Certificate of Good Standing to be forwarded to the Board by the registering authority in that State, Territory or Country. Certificates of Good Standing must be dated within three months of the date of the application.</i>			

Applicant's signature _____

CHIROPRACTORS REGISTRATION BOARD

4.	Have you been convicted of any offence in or outside of New South Wales, except an excluded offence (please see following notes 4.1)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1	<ul style="list-style-type: none"> • Parking tickets, and minor traffic offences are excluded offences, and are not required to be disclosed. • The following more serious traffic offences must be disclosed: <ul style="list-style-type: none"> a) furious or reckless driving, or driving in a manner dangerous to the public b) negligent driving, with a fine greater than \$200, or imprisonment c) refusing to produce licence, to state name and address, or stating a false name and address d) driving under the influence of alcohol or any other drug e) driving whilst unlicensed f) failing to stop after an accident g) presence of prescribed concentration of alcohol h) menacing driving i) any offence leading to disqualification from driving 	
4.2	If the answer to Q4. is "YES", please supply full details.	
5.	Has a criminal finding for a sex/violence offence been made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1	If the answer to Q5. is "YES", please supply full details.	
6.	Has a criminal finding been made against you for an offence committed in the course of chiropractic practice or purported chiropractic practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1	If the answer to Q6. is "YES", please supply full details.	
7.	Are any criminal proceedings pending against you for a sex/violence offence alleged to have been committed in the course of chiropractic practice or purported chiropractic practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1	If the answer to Q7. is "YES", please supply full details.	
8.	Are any criminal proceedings pending against you for a sex/violence offence alleged to have been committed against a minor or to involve child pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.1	If the answer to Q8. is "YES", please supply full details.	
9.	Have you suffered any significant illness that may detrimentally affect your physical or mental capacity to practice as a chiropractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.1	If the answer to Q9. is "YES", please supply full details.	
10.	Has your registration as a chiropractor been suspended or cancelled, or had any conditions imposed on it, in any other jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.1	If the answer to Q10. is "YES", please supply full details.	
11.	Were you registered under a health registration Act in any jurisdiction other than as a chiropractor in N.S.W. as at the time of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.1	If the answer to Q11. is "YES", please supply full details	
12.	Has any registration held by you under a health registration Act been suspended or cancelled, or had any conditions imposed upon it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.1	If the answer to Q12. is "YES", please supply full details	
13.	Have you been refused registration as a chiropractor in any other jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.1	If the answer to Q13. is "YES", please supply full details.	
14.	Do you maintain \$10,000,000 in professional indemnity insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.1	It is a requirement of the Chiropractors Code of Professional Conduct that \$10,000,000 in professional indemnity insurance is maintained whilst practising. If you answered "NO" to Q.14. you must provide a separate sheet with details explaining this. If you answered "YES" to Q.14. you must provide the name of the insurer and the maximum amount insured below.	
	Insurer:	Maximum Amount Insured:

Applicant's signature _____

STATUTORY DECLARATION

I, *Full name* _____

of _____

Address

do sincerely declare that:

1. I am the applicant for re-registration as a chiropractor referred to in this application;
 2. the information supplied by me in this application is complete and true to the best of my knowledge and belief;
- and I make this declaration conscientiously believing the same to be true, and by virtue of the Oaths Act 1900.

Date

Declared at _____

Place of declaration

before me _____

Applicant's signature

Signature of Justice of the Peace

NOTES

- *This application for re-registration as a chiropractor in New South Wales under the Chiropractors Act 2001 comprises pages 4-8 of the document entitled "Re-registration of chiropractors in New South Wales" approved by the New South Wales Chiropractors Registration Board.*
- *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.*
- *Each page of the application must be signed by the applicant.*

AUTHORISATION

1. I authorise and consent to the Chiropractors Registration Board of New South Wales and its Registrar, inspectors and employees to approach and request information from persons, institutions and organisations as the Board may consider appropriate in order to determine my eligibility for re-registration as a chiropractor in New South Wales.
2. I indemnify the Chiropractors Registration Board, its Registrar, inspectors and employees from any actions and claims by any person arising from any request for and supply of information and the consideration and processing of my application for re-registration as a chiropractor in New South Wales.

Applicant's signature

Date

APPENDIX 2

**MUTUAL RECOGNITION ACT 1992 (SECTION 19 NOTICE)
TRANS-TASMAN MUTUAL RECOGNITION ACT 1996 (SECTION 18 NOTICE)**

APPLICATION FOR REGISTRATION

STATUTORY DECLARATION

To:	The Registrar Chiropractors Registration Board PO Box K599 Haymarket NSW 1238 Australia	Level 2 28-36 Foveaux St Surry Hills NSW 2010 Australia
-----	---	--

I, *Full name* _____
 hereby apply to be registered as a chiropractor in New South Wales in accordance with the provisions of the Mutual Recognition Act 1992 or the Trans-Tasman Mutual Recognition Act 1996, and provide the following information in support of my application.

1.	PERSONAL DETAILS		
1.1	Surname:		
1.2	Given names:		
1.3	Previous name/s, aliases [if applicable]:		
1.4	Address:		
1.5	Telephone:	(H)	(W)
1.6	E-mail address:		
1.7	Date of birth:		
1.8	Place of birth:		
1.9	Gender [M or F]:		

Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individual(s).

2.	I am currently registered in _____ which is the jurisdiction upon which my application is based. <i>Jurisdiction</i>
----	---

3.	CURRENT REGISTRATION		
3.1	I have equivalent registration in the following States and Territories of Australia, or New Zealand, including the one in item (2) above.		
3.1.1	3.1.2	3.1.2	3.1.3
<i>Registered occupation/s</i>	<i>Registration Number</i>	<i>Current to/lapsed date</i>	<i>Jurisdiction</i>

4.	QUALIFICATIONS		
4.1	Qualification/s. <i>List any qualifications you may wish to have entered in the Register, if authorised by the Board.</i>		
	<i>Degree/ diploma</i>	<i>University/ Institution</i>	<i>Year conferred</i>

A certified photocopy is required of the degree/s, diploma/s or other award/s listed in items 4.1. If the qualification/s were issued in a previous name evidence of the change of name must be provided.

Applicant's signature _____

CHIROPRACTORS 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/s.							
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/s for which registration is sought, in any State or Territory of Australia, nor am I subject to any special conditions in carrying on that/those occupation/s, 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/s for which registration is sought.							
<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/s for which registration is sought 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.	APPLICATION FEE							
11.1	Application for registration fee of \$270.00							
11.2	Do you wish to apply for a waiver of all or part of the application fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
11.3	If the answer to Q10.2 is "YES", please supply full details, including amount of waiver requested and reasons for the waiver.							
<i>Cheques or money orders should be made payable to the Chiropractors Registration Board. Overseas cheques and bank drafts must be in Australian dollars and made payable to an Australian bank. Credit card payments Visa/MasterCard/Bankcard only</i>								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; vertical-align: top;"> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard </td> <td style="width:50%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;"> - - - </td> <td style="width:25%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;"> / </td> </tr> <tr> <td style="text-align: center;"><i>Card type</i></td> <td style="text-align: center;"><i>Card number</i></td> <td style="text-align: center;"><i>Card expiry</i></td> </tr> </table>			<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard	- - -	/	<i>Card type</i>	<i>Card number</i>	<i>Card expiry</i>
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard	- - -	/						
<i>Card type</i>	<i>Card number</i>	<i>Card expiry</i>						
<i>Signature</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

APPLICATION FOR RE-REGISTRATION UNDER MUTUAL RECOGNITION

APPLICANT'S CHECKLIST

The following checklist is provided to assist applicants in complying with the Board's requirements.

Personal Details	
<input type="checkbox"/> Completed	
Registration in other jurisdictions	
<input type="checkbox"/> Completed	<input type="checkbox"/> Jurisdiction upon which the application is based
<input type="checkbox"/> Completed	<input type="checkbox"/> Details of equivalent registration in other jurisdictions
Special conditions	
<input type="checkbox"/> Details provided (if required)	
Current practising certificate	
<input type="checkbox"/> Certified copy provided	
Fee	
<input type="checkbox"/> Enclosed	
Declaration	
<input type="checkbox"/> Completed	<input type="checkbox"/> Signed by a Justice of the Peace
Application form	
<input type="checkbox"/> Signed on each page	

N.B. A certified copy is a photocopy certified by a Justice of the Peace, solicitor, or Notary Public, as a true copy of the original.

NOTES

- *This application for re-registration as a chiropractor in New South Wales under Mutual Recognition comprises pages 10-11 of the document entitled "Re-registration of chiropractors in New South Wales" approved by the New South Wales Chiropractors 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.*