Initial application for new allied health employees at ACT Health

Before completing this form, please answer the following questions:

#	Question	Yes	No
1.	Are you being employed into an allied health professional position at ACT Health?		
2.	Does this position include providing direct clinical care to patients OR supervising ACT Health employees providing direct clinical care to patients (in a way that involves you, as the supervisor, having clinical contact with any of these patients)?		
3.	Is your allied health profession listed as an Australian Health Practitioner Regulation Agency (AHPRA) Registered profession or as a Non AHPRA Registered allied health profession in the list on this page?		
4.	Is this your first application through the allied health credentialing process at ACT Health under this profession?		

If you answered yes to all of the above questions, please proceed to complete the remainder of this form.

If you answered no to any of the above questions, please contact the ACT Health Chief Allied Health Office via AHCredentialing@act.gov.au to confirm whether or not you need to complete this form.

The ACT Health *Procedure for Credentialing and Defining the Scope of Clinical Practice for Allied Health Professionals* recognises two categories of Allied Health Professionals, both of which are required to complete the application process for initial credentialing and scope of clinical practice.

1. Allied Health Professionals from professions requiring registration through AHPRA must satisfy the requirements of a National Board to practise clinically or provide clinical supervision. The relevant ACT Health Allied Health Professions in this category include: Dental Prosthetics, Dental Therapy, Nuclear Medicine Technology, Occupational Therapy, Oral Health Therapy, Pharmacy, Physiotherapy, Podiatry, Psychology, Radiation Therapy and Radiography.

2. Allied Health Professionals from professions not requiring registration through AHPRA should generally hold a relevant allied health qualification that provides eligibility for membership of a Professional Association. The relevant ACT Health Allied Health Professions in this category include: Allied Health Assistant, Art Therapy, Audiology, Cardiac Perfusion, Cardiac Science, Counselling, Dietetics, Exercise Physiology, Genetic Counselling, Medical Physics, Neurophysiology Science, Orthoptics, Prosthetics and Orthotics, Respiratory Science, Sleep Science, Social Work, Sonography and Speech Pathology. **NOTE:** Where a professional group does not have a recognised Professional Association, applicants should still complete this form by filling in all relevant sections.

Notes about the allied health credentialing and scope of clinical practice process

- The credentialing and scope of clinical practice process for allied health professionals at ACT Health is in place to support patient safety. Through this process, patients accessing allied health services through ACT Health can have a greater level of assurance that the allied health professional(s) providing their care have the appropriate credentials and scope of clinical practice to do so.
- The allied health credentialing process for new employees is designed to complement the ACT Health recruitment process. Recruitment typically focuses on criteria specific to a position. Credentialing focuses broadly on professional standing and confirms that the professional credentials of the individual align with intended scope of practice.
- This initial credentialing application form generally requires a credentialing referee report to be attached. The template for the referee report is available at http://health.act.gov.au/professionals/allied-health/governance. The credentialing referee report differs from referee reports that you may have provided as part of the recruitment process as outlined below:
    i. The credentialing referee report is professionally (rather than positionally) focused and addresses professional attributes as opposed to selection criteria for a position; and
    ii. The credentialing referee report should, unless otherwise agreed, be from a peer from your profession.
- A person who has already completed a position specific referee report for you can also be asked to complete a credentialing referee report for you, provided that the referee is suitably placed to provide this based on the points above.
- There are no questions about Continuing Professional Development (CPD) in this initial credentialing application form. However, please note that CPD is included as part of the annual re-credentialing process for allied health professionals at ACT Health. This process helps to ensure that allied health professionals at ACT Health are engaging in CPD that is relevant to their role and facilitates currency of knowledge, skills and expertise in line with an individual's scope of clinical practice. At re-credentialing time you will be asked to provide evidence of completed CPD over the preceding 12 month period in line with requirements for your professional group.
- The ACT Health credentialing process is led by discipline specific Profession Leads. Upon receipt of your initial application form, assuming that all requirements for credentialing are met, the Profession Lead (or delegate) for your profession is permitted to approve and credential you for a period of up to 18 months. Following your initial credentialing you will subsequently be required to complete annual re-credentialing at the appropriate time. You will receive more information about the re-credentialing process from your Profession Lead (or delegate) as part of your employment at ACT Health.
- NOTE: As part of this credentialing application you will be asked to attach some documents that you may have already provided as part of the recruitment process. Please provide these documents again **as part of this credentialing application** to facilitate accurate record keeping and timely processing of your application.

Other notes about filling in this form

- Complete all sections relevant to you and provide attachments as required.
- Please complete and sign this form in the same name under which you are registered with AHPRA (for professional groups registered through AHPRA) or in the same name under which you hold a membership with a professional association (if relevant).
- When you have completed this form, please return it to the place from which you received it. For example, if you received this form from ACT Health Employment Services, please return this form to them. If you received this form directly from the Profession Lead of your profession, please return your completed form to them.

SECTIONS 1 – 7: TO BE COMPLETED BY THE APPLICANT

SECTION 1 – APPLICANT DETAILS

Surname	
Given name(s)	
Previous name(s)	
Date of birth	
Place of birth	
Postal address	
Phone	
Email	

SECTION 2 – PRE-EMPLOYMENT CHECKS, QUALIFICATIONS, REGISTRATION AND SCOPE OF PRACTICE

PRE-EMPLOYMENT CHECKS	**Yes**	**No**
National Police Check (NPC) NPC application submitted as part of pre employment paperwork: If application not already made, please explain why: _____	☐	☐
Working with Vulnerable People Check: *(Only required for non AHPRA registered allied health professions in specific work settings)*	☐ N/A	
An application has been made as part of my pre employment paperwork **OR**	☐	☐
I have existing Working with Vulnerable People registration in the ACT: ➢ Registration number: _____ ➢ Registration expiry: _____	☐	☐
If no to the above questions about Working with Vulnerable People, but a Working with Vulnerable People check is required for your work area, please explain why you do not have a current registration or an application in progress: _____		

NON-AUSTRALIAN RESIDENTS ONLY: Do you have an appropriate and current Work Visa to practise in Australia? If yes, please list expiry date: _____ If no, please explain why: _____	☐	☐

QUALIFICATIONS*		Yes	No
AHPRA Registered Allied Health Professions Have you provided at least one of the two items listed below to ACT Health as part of pre employment paperwork? i. Your AHPRA registration details from the AHPRA online Register of Practitioners; OR ii. A copy of your AHPRA registration certificate. If no to this question, please attach at least one of these items to this credentialing application.		☐	☐
Non AHPRA Registered Allied Health Professions Please provide as an attachment to this credentialing application one of the two items listed below (tick the yes box to confirm that this has been attached): i. A certified copy of your allied health qualification; OR ii. A certified copy of your professional association membership.		☐	☐
Postgraduate qualifications If relevant, please provide as an attachment to this credentialing application a certified copy of any relevant postgraduate qualifications (tick the yes box to confirm that these have been attached)	☐ N/A	☐	☐
* **New graduates** *If unable to provide evidence of AHPRA registration (where applicable), qualification or professional association membership, please provide a letter from your academic institution confirming that you have satisfied all course requirements for the qualification against which you are being employed. If this is not yet possible, please discuss this with the Chair of your recruitment process.*	☐ N/A	☐	☐

REGISTRATION OR PROFESSIONAL ASSOCIATION MEMBERSHIP ELIGIBILITY	
☐ **AHPRA Registered Allied Health Professions**	Profession: _____ Registration number: _____ Registration type: _____ Expiry date: _____ Endorsements: _____ **FOR MEDICAL RADIATION/DENTAL/SONOGRAPHY PROFESSIONS:** Current Radiation Licence number: _____ Australian Sonographer Accreditation Registry (ASAR) registration number: _____
☐ **Non AHPRA Registered Allied Health Professions (except Allied Health Assistants)**	Profession: _____ Professional Association: _____ Are you a member with the professional association you have listed above? ☐ Yes ☐ No If yes, please list: ➢ Type of membership held: _____ ➢ Membership number: _____ Expiry date: _____ If no, please outline how you can demonstrate eligibility for membership with this association: _____ _____
☐ **Allied Health Assistants**	NOTE: At present there is no recognised professional association for Allied Health Assistants. You will be credentialed against criteria endorsed by your Profession Lead. Your Profession Lead, or delegate, will contact you if they have any questions about your credentialing application.

SCOPE OF CLINICAL PRACTICE

Scope of clinical practice refers to the authorised extent of an individual allied health professional's clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability.

Please list the profession(s) in which you are seeking core scope of clinical practice:

_____

Please list the title, level and Division of the position you are seeking to be employed in at ACT Health:

Position title: _____

Level (for example, HP1): _____ Division: _____

SECTION 3 - ADDITIONAL INFORMATION	Attached
Curriculum Vitae Please provide as an attachment to this credentialing application an up to date Curriculum Vitae (tick the 'attached' box to confirm that this has been attached).	☐
Credentialing Referee Report If any of the points below apply you are required to obtain a credentialing referee report and attach this as part of your credentialing application (see page two of this form for a link to the credentialing referee report template): ☐ This is your first appointment to ACT Health as an allied health professional ☐ This is not your first appointment to ACT Health as an allied health professional, but there has been a break in service since you last worked at ACT Health as an allied health professional ☐ You are seeking to extend your scope of practice If you ticked yes to any of the boxes above, please attach your credentialing referee report to this credentialing application – tick the 'attached' box to confirm that this has been attached.	☐

If not providing a credentialing referee report please explain why:

_____

_____

SECTION 4 – EXTENDED SCOPE OF CLINICAL PRACTICE (RELEVANT TO THE POSITION MENTIONED IN THE 'SCOPE OF CLINICAL PRACTICE' SECTION OF THIS FORM)

Include here any details of clinical practice specific to extended scope of clinical practice that you are qualified to perform. Note that extended scope of clinical practice relates to a specific area, or areas, of practice that extend beyond the standard scope of practice for your profession (this differs to advanced practice, which refers to practicing within, but towards the limits of, your profession's standard scope of practice).

☐ N/A

Area of clinical practice/specialty	Qualification completed	Date completed	Copy attached
			☐
			☐
			☐

SECTION 5 – LIMITED SCOPE OF CLINICAL PRACTICE

Has your scope of clinical practice been limited? If yes, please provide details: _____ _____	☐ Yes	☐ No
Are there any reasons known to you at this moment that may prevent you from working to your full scope of clinical practice? If yes, please specify: _____ _____	☐ Yes	☐ No

SECTION 6 – CONFIDENTIAL PROFESSIONAL INFORMATION

➢ Have you ever been denied registration or professional association membership?	☐ Yes	☐ No
➢ Are there any restrictions, notations or special conditions placed on your registration or professional association membership?	☐ Yes	☐ No
➢ Has your scope of clinical practice or appointment at any health service been reduced, suspended or revoked, or have you had any conditions attached to other appointments for any reason?	☐ Yes	☐ No
➢ Is there any other information regarding your ability to practice that should be declared?	☐ Yes	☐ No
If yes to any of the above, please attach details.		

SECTION 7 – DECLARATION BY APPLICANT

To the best of my knowledge, the information provided in this application is true and correct. I understand that any incorrect statement may result in refusal in granting or the withdrawal of existing credentials. I authorise my Profession Lead or their delegate to seek information relating to my credentials and experience as relevant to my application.

I agree to inform ACT Health promptly of any change in my registration or professional membership eligibility status.

I understand that the information referred to in this application will be securely stored, and can be accessed as required by the Profession Lead and Chief Allied Health Officer or nominated delegates.

Signature: _____ Date: _____

Name: _____ Position: _____

SECTIONS 8 – 9: TO BE COMPLETED BY PROFESSION LEAD OR DELEGATE	
SECTION 8 – CONFIRMATION OF CREDENTIALS	**Confirm**
AHPRA Registered Allied Health Professions	☐ N/A
Evidence of AHPRA registration provided (for example, registration number provided)	☐ Yes
National Board registration confirmed on AHPRA website: Date of sighting: _____	☐ Yes
Has the National Board placed any restrictions or notations on the applicant's practice or registration?	☐ No
If yes, provide details:_____ _____	☐ Yes
FOR MEDICAL RADIATION/DENTAL/SONOGRAPHY PROFESSIONS: Current radiation licence sighted and number recorded	☐ Yes
Australian Sonographer Accreditation Registry (ASAR) registration number recorded	☐ Yes
Non AHPRA Registered Allied Health Professions (except Allied Health Assistants)	☐ N/A
Copy of relevant qualifications (or equivalent, such as evidence of membership with an appropriate professional association) provided with this credentialing application	☐ Yes
Member of professional association or eligible for membership	☐ Yes ☐ No
If a member of professional association are details provided	☐ Yes ☐ No
Allied Health Assistants	☐ N/A
Copy of relevant qualifications (or equivalent) provided with this credentialing application	☐ Yes

Curriculum Vitae An up to date Curriculum Vitae has been provided as part of this credentialing application.	☐ Yes ☐ No
Credentialing Referee Report (*for new appointments; and those seeking extended scope of clinical practice*) A credentialing referee report has been received from the applicant's referee.	☐ Yes ☐ No ☐ N/A
Scope of Clinical Practice Details relating to scope of clinical practice (including any details relating to extended or limited scope of practice if relevant) have been provided as part of this credentialing application.	☐ Yes ☐ No

SECTION 9 - APPROVAL BY PROFESSION LEAD OR DELEGATE

In line with the ACT Health *Procedure for Credentialing and Defining the Scope of Clinical Practice for Allied Health Professionals*, I am satisfied that the applicant has the appropriate credentials and, where relevant, registration or professional association membership eligibility, to undertake the scope of clinical practice for the position for which they are being employed into or are currently employed in within ACT Health.

YES ☐ **NO** ☐ (If no, provide details) _____

_____

_____

The scope of clinical practice requested is granted until date (maximum time = 18 months):_____

Application approved by the Profession Lead or delegate: YES ☐ NO ☐

Signed: _____ Date: _____

Name: _____ Position: _____

Note: The duration of the credentialing and scope of clinical practice for initial credentialing applications is up to 18 months, subject to satisfactory renewal of registration or professional association membership eligibility where appropriate. A lesser time may be determined by the Profession Lead or delegate as appropriate.

Upon being satisfied that the applicant has met the requirements of this form for initial credentialing and scope of clinical practice, the Profession Lead (or delegate) should respond to Employment Services or Shared Services (to whomever they received this form from) by email to confirm that this individual has met the requirements for initial allied health credentialing and scope of clinical practice at ACT Health.

Following this, a copy of the applicant's initial credentialing and scope of clinical practice application form, signed by the Profession Lead (or delegate), should be securely filed (along with any associated documents). The recommendation for filing completed initial credentialing applications is to scan them and file them electronically in the secure Profession Lead folder for the relevant profession on the ACT Health common drive.

If for some reason you are not convinced that an applicant meets the requirements for credentialing and scope of clinical practice, please notify the Chief Allied Health Office as soon as possible via the credentialing inbox - AHCredentialing@act.gov.au

A copy of this application is to be provided to the applicant on request.