Pre-requisites for titling may change from time to time. Please check [the website](https://australian.physio/pd/acp-titling) and the ACP Information Handbook for more information.

**Evidence Portfolio**

The [Evidence Portfolio](https://australian.physio/pd/acp-titling) pathway is available for those who have not completed an APA-recognised postgraduate Australian master’s degree by coursework. To be eligible under this pathway, you must fulfil the following criteria:

* Current AHPRA registration without restrictions
* Current member of the Australian Physiotherapy Association
* Current membership of your practice area National Group
* Meet the [continuous practice & recency of practice area experience requirements](https://australian.physio/sites/default/files/APA%20Standards_RecencyContinuousPractice_v1.0.pdf)
* Demonstrate 30 CPD hours within the past three years in your selected practice area
* Complete the pre-requisite course(s) for the title you are applying for (or demonstrate attainment of an equivalent)

Please check the ACP Information Handbook to confirm if an Evidence portfolio pathway is offered in your selected practice area and confirm its pre-requisites.

**Instructions**

* **Please type your answers**
* All questions must be answered on the application form provided
* Additional pages and/or rows in tables can be included where more space is required
* The grey text is there as a guide only - as you progress through the form your own responses should take place of any grey text
* If required, include any supporting documentation such as academic transcripts, professional development certificates or employment records as separate, appropriately named files **Maximum of three pieces of supporting documents accepted.**
* Applications must be typed; handwritten applications will not be accepted
* Applications that are not completed correctly, or contain insufficient detail will be returned
* Pay a non-refundable application fee – the completed [Payment form](https://australian.physio/sites/default/files/2024_TITLING_PAYMENT_FORM_FA_FEB.pdf) must be included with your application, the payment is ONLY deducted once the application is accepted
* Submit your application as a word document or pdf file and any attachments via email to [ng.title@australian.physio](mailto:ng.title@australian.physio)
* Evidence portfolio candidates who meet all the eligibility criteria will be notified of the next steps via email

**Checklist**

Before sending your application please ensure you have:

Typed your answers and included sufficient detail

Provided information on continuous practice & recency of practice area experience

Provided information on 30 CPD hours in your selected practice area within the last three years

Completed pre-requisite course(s) for the title you are applying for

Completed the declaration and authorisation section

Provided the completed payment form

**Please retain a copy of your application**, in the event that facts provided are questioned, the APA/ACP reserves the right to request a copy of your original application. The APA/ACP further reserves the right to withdraw the title, and refer onto the Assessment and Credentialling Standards Committee if false or misleading information has been provided.

**Please note** applications will be stored on the APA database. Credit card details will be securely disposed of as soon as the payment is processed.

All information provided on this form is subject to the APA Privacy Policy, which is available on the website. When you receive a titled credential, the APA may publish your name and titled credential for members of the public.

**How to submit your application**

Email completed applications to [ng.title@australian.physio](mailto:ng.title@australian.physio)

**Section 1.** Personal details and CPD

1. **Please provide personal details in the table listed below:**

|  |  |
| --- | --- |
| **Name** | <ENTER FULL NAME> |
| **Address** | <ENTER ADDRESS> |
| **Mobile** | <ENTER MOBILE NUMBER> |
| **Email** | <ENTER EMAIL ADDRESS> |
| **AHPRA Registration Number** | <ENTER AHPRA REGISTRATION NUMBER> |
| **National group membership** | <ENTER RELEVANT NATIONAL GROUP TO THE TITLE> |
| **Title** | <ENTER TITLE YOU ARE APPLYING FOR> |
| **Application Pathway** | **EVIDENCE PORTFOLIO PATHWAY** |

1. **Continuing Professional Development**

* Please list all CPD within the past three years in the table provided below
* More information on CPD activities is available from the [Physiotherapy Board-Ahpra](https://www.physiotherapyboard.gov.au/Codes-Guidelines/CPD-guidelines.aspx).

**Practice area-relevant CPD within the last three years**

* List a minimum of 30 hours CPD in your selected practice area within the **past three years**
* Please provide a maximum of three documents such as your PD log, certificates of completion etc. as evidence of your CPD
* Ensure you add the number of practice area CPD hours
* Provide a total of the practice area CPD hours in the last row of the table
* Please add more rows if required

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Activity** | **Activity Provider** | **Total CPD hours** | **Practice area CPD hours** |
| E.g. 06/01/2017 | Sports Physiotherapy Level 1 | Australian Physiotherapy Association | 17 | 5 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total practice area CPD hours (minimum 30 hours in the last three years) | | | |  |

**Section 2.** Continuous practice experience and recency of practice

### Continuous practice area experience:

You must demonstrate that you have a minimum of three years continuous practice area experience in the table below. Continuous practice area experience may be expressed in either years or months (example 3 years or 36 months).

### Recency of practice area experience:

You must demonstrate 450 hours during the immediate previous three-year period, or 150 hours in a 12 month period. Recency of practice experience may be expressed in either hours, weeks or months (example 15 hours a week).

* Briefly outline the role and its relevance to the practice area (1-2 dot points or similar)
* Total – add up the continuous practice area experience column and record the total in the bottom row to demonstrate that you meet the minimum requirements
* Total – add up the recency of practice hours column and record the total in the bottom row to demonstrate that you meet the minimum requirements
* Please add more rows if required

|  |  |  |  |
| --- | --- | --- | --- |
| **Period-Continuous practice area #**  *Start and finish – month & year* | **Practice, employer or organisation** | **Role and relevance to practice area** | **Recency of Practice area #**  (hours, is acceptable)  Total |
| *E.g. May 2019 – May 2020* | *Parkside Junior Football Club* | *Team physiotherapist for Parkside junior football club - under 18’s team.* | *12 sports hours/fortnight* |
| *E.g. June 2018 – December 2020* | *‘Private Practice’ Physiotherapy* | *Private clinician – approximately 50% sports patients* | *14 sports hours/week* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| [enter total continuous practice area experience here] | **Total continuous practice area experience 🡸** | **Total recency of practice  🡺** | [enter total recency of practice here] |

**Section 3**. Pre-requisite APA courses for Evidence Portfolio pathway

Please confirm you have completed the pre-requisite(s) for the selected practice area. This information is available in the ACP Information Handbook.

|  |  |  |
| --- | --- | --- |
| **Course name** | **Year completed** | **State / location completed** |
|  |  |  |

**Section 4.** Authorisation and declaration

Please note: this may be completed electronically.

I authorise representatives of the Australian Physiotherapy Association to contact any institution(s) or person(s) mentioned in this document for information in relation to my application.

I declare that the information contained in this application is true and correct.

**Applicant**

Signed:…………………………………………………………………. Date: ……………….

*(electronic is acceptable)*

Name:………………………………………………………………….