Pre-requisites for titling may change from time to time. Please check [the website](https://australian.physio/pd/australian-college-physiotherapy-information#titling) and the [APA Titling Information Booklet](https://australian.physio/sites/default/files/ACP_Title_Info_Handbook_2Aug2023.pdf) for more information.

**Academic Pathway**

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 (not required for Research Titling)
* Successful completion of an APA–recognised postgraduate Master’s degree:
  + For Research Titling – An Australian master’s degree by Research or Master of Philosophy (Doctor of Philosophy is also eligible as this is a higher level qualification)
  + For Animal Titling – An APA recognised Master’s degree in the Animal practice area
  + All other titles – An Australian master's degree by coursework in the relevant practice area
* Meet the [continuous practice area experience requirements](https://australian.physio/sites/default/files/APA%20Standards_RecencyContinuousPractice_v1.0.pdf)
* Meet the [recency of practice 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

Please check the [APA Titling Information Booklet](https://australian.physio/sites/default/files/ACP_Title_Info_Handbook_2Aug2023.pdf) to confirm if an academic pathway is offered in your selected practice area, also ensure the Australian postgraduate coursework master’s degree you have completed appears on the *Recognised courses* list on the APA Titling webpage.

**Experiential Pathway**

The experiential 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 area experience requirements](https://australian.physio/sites/default/files/APA%20Standards_RecencyContinuousPractice_v1.0.pdf)
* Meet the [recency of practice 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 [APA Titling Information Booklet](https://australian.physio/sites/default/files/ACP_Title_Info_Handbook_2Aug2023.pdf) to confirm if an experiential 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 text grey text
* If required, include any supporting documentation such as academic transcripts, professional development certificates or employment records as separate, appropriately named files
* Academic pathway - provide academic transcripts via My eQuals or email a certified transcript
* 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/2021_TITLING_FORM_F.pdf) must be included with your application, the payment is ONLY deducted once the application is.
* 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)
* Academic pathway candidates who meet all the eligibility criteria will be formally granted title and will be notified via email.
* Experiential pathway 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 area experience

Provided information on recency of practice

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

Academic pathway only - provided academic transcript(s) via My eQuals or email a certified transcript

Experiential pathway only - 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 reserves the right to request a copy of your original application. The APA further reserves the right to withdraw the title, and refer onto the National Professional Standards Panel 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 or the public.

**How to submit your application**

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

**Section 1.** Personal details, professional experience 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> |
| **National group membership**  *(not required for Research Titling)* | <ENTER RELEVANT NATIONAL GROUP TO THE TITLE> |
| **Title** | <ENTER TITLE YOU ARE APPLYING FOR> |
| **Application Pathway** | Select one:  <ACADEMIC-CLINICAL>  <ACADEMIC-RESEARCH>  <EXPERIENTIAL CLINICAL > |

1. **Professional experience**

Please outline your professional experience in the table below

* You may include full-time, part-time and voluntary positions etc.
* You must include:
* Dates – month and year you started and finished
* Organisation – may include practice name, employer, institution or organisation
* Position – role or job title
* Please add more rows if required

|  |  |  |
| --- | --- | --- |
| **Date** | **Organisation** | **Position** |
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1. **Continuing professional development**

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

1. **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**
   * You may include your masters course (or PhD for research titling) here if it was 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 |
|  |  |  |  |  |
|  |  |  |  |  |
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| Total practice area CPD hours (minimum 30 hours in the last three years) | | | |  |

1. **Other relevant CPD courses, conferences and other CPD activities**
   * The CPD may have been undertaken at any time – the purpose is to demonstrate ongoing professional development
   * You may include your masters course (or PhD for research titling) here if it was completed prior to three years ago
   * You may wish to provide up to three documents such as your PD log, certificates of completion etc. as evidence of your CPD
   * Please add more rows if required

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **Activity Provider** | **Total CPD hours** |
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**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 by completing the table below. Continuous practice area experience may be expressed in either years or months (e.g. 3 years or 36 months):

* Dates – this must include the month and year that you started and finished (if ongoing, please note this)
* You may copy and paste the relevant *date-organisation-position* information from the Professional Experience table
* Practice area relevance - briefly outline the role and its relevance to the practice area (1-2 dot points or similar)
* Continuous practice experience - how long did you undertake this role? Calculate the continuous practice experience for this time period using the start and finish dates (you may express this either in months or in years)
* 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
* Please add more rows if required

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  (month and year of start and finish) | **Organisation** | **Position** | **Practice area relevance** | **Continuous practice area experience** (months or years) |
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| Total continuous practice area experience - minimum 3 years (36 months) | | | |  |

### Recency of practice

You must demonstrate that you meet the recency of practice requirements in the table below, this is expressed in hours. It’s recommended that you demonstrate 450 hours during the immediate previous three-year period, however you are able to demonstrate recency of practice in 150 hours in the previous year. Dates – this must include the month and year that you started and finished (if ongoing, please note this)

* You may copy and paste the relevant date-organisation-position information from the Professional Experience table
* Practice area relevance - briefly outline the relevant practice area and role,
* Average practice area hours – briefly outline the average number of practice area hours per week
* Recency of practice hours - how many practice area hours have you undertaken in this role? Calculate the relevant practice hours for this time period using the start and finish dates.
* 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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date**  (month and year of start and finish) | **Organisation** | **Position** | **Practice area relevance** | **Average practice area hours** (per week or per fortnight or per month) | **Recency of practice hours** |
|  |  |  |  |  |  |
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| Total recency of practice (450 hours during the immediate previous three-year period or 150 hours in the previous year) | | | | |  |

**Section 3**. Academic or experiential pathway

Please tick **one** of the pathways listed below through which you are applying to be titled:

Academic pathway - please complete all the required information in **a. Academic pathway** below

Experiential pathway - please complete all the required information in **b. Experiential pathway** below

### Academic pathway

1. **Qualification details**

Provide the name of the university and qualification completed in the table below:

|  |  |
| --- | --- |
| **University** | <ENTER UNIVERSITY NAME> |
| **Qualification** | <ENTER NAME OF MASTERS / PhD QUALIFICATION> |

1. **Confirmation (academic transcript)**

Provide confirmation (academic transcript) of successful completion of your APA-recognised post-graduate master’s degree ([on the website here](https://australian.physio/pd/australian-college-physiotherapy-information#progress-your-career)). There are two methods available, please select one:

* If your institution has My eQuals available, this is the easiest method to provide access:
* Generate a secure link specifying the following email address: [ng.title@australian.physio](mailto:ng.title@australian.physio)
* Ensure you provide 30 days access to the document
* Provide us the pin code to access the academic transcript (testamur not required)
* Send a separate email to [ng.title@australian.physio](mailto:ng.title@australian.physio) with the completed application form and other required files
* Email a certified copy of your academic transcript:
* A certified copy is a copy of a primary document that is endorsed, stating that it is a true copy of the primary document. It certifies that the primary document and the copy are genuine.
* Documents can be certified by a [person who is authorised as a witness for statutory declarations](https://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents.aspx).
* Send via email to [ng.title@australian.physio](mailto:ng.title@australian.physio) with the completed application form and other required files

*Please continue to the Authorisation and declaration section*

### Experiential pathway

Please confirm you have completed the pre-requisite(s) for the selected practice area. This information is available in the [APA Titling Information Booklet](https://australian.physio/sites/default/files/ACP_Title_Info_Handbook_2Aug2023.pdf)

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

**Section 4.** Authorisation and declaration

Please note: this may be completed electronically. An accompanying email from the witness stating they have read the document is acceptable.

I authorise representatives of the Australian Physiotherapy Association to contact any institution(s) or person(s) mentioned in this paper 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: ………………………………………………………………….

**Witness**

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

*(email or electronic signature is acceptable)*

Name: …………………………………………………………………