*As pre-requisites for Academic Titling may change from time to time, please refer to the Titling Academic Pathway Information Handbook and webpage for more information.*

**Application for Titling**

The Titling Academic Pathway is currently offered to physiotherapists who have successfully completed an APA-recognised Australian Master’s degree by coursework and meet eligibility requirements. Information is outlined in the Titling Academic Pathway Information Handbook (currently under review).

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
* 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
* For overseas-qualified members:
	+ Must have a minimum three (3) years continuous practice area experience from the date certified by the Australian Physiotherapy Council
	+ Alternatively, provide a copy of the email received from AHPRA confirming your full registration. (Continuous practice area experience will be calculated from the date you received your full registration to work as a Physiotherapist in Australia).

Please refer to the check the *Titling Academic Pathway Information Handbook* to confirm if the Titling Academic Pathway is offered in your selected field of practice and confirm its pre-requisites.

All information provided on this form is subject to the [APA Privacy Policy](https://australian.physio/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, please let us know if you would not like your name to be published.

**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.

**Submission 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 as separate, appropriately named files, maximum of three pieces of supporting documents accepted. Examples include:
	+ Academic transcripts, professional development certificates or employment records
* Provide academic transcript(s) via **My eQuals** or email a certified copy with the application
* Applications must be typed; handwritten applications will not be accepted
* Applications that are not completed correctly or contain insufficient detail will be returned
* Payment of a non-refundable application fee – the completed Payment Form must be included with your application. 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

Candidates who meet all the eligibility criteria will be notified of the next steps via email.

**Submission 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

[ ]  Provided academic transcript via **My eQuals** or emailed a certified copy of transcript

[ ]  Completed the declaration and authorisation section

[ ]  Provided the completed payment form

**Email completed applications to** ng.title@australian.physio

**Please retain a copy of your application for your records.** In the event that the information provided is determined to be false or misleading, the application will be referred onto the APA National Practice Standards Panel (NPSP).

**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** |  Select one:<ACADEMIC-CLINICAL><ACADEMIC-RESEARCH> |

1. **Continuing Professional Development**
* 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 CPD within the last three years**

* List a minimum of 30 hours CPD in your selected practice area within the **past three (3) years**
* 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
* 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 & Recency of Practice**

1. **Continuous practice area experience:**

You must demonstrate that you have a **minimum of three (3) 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).

1. **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)
* Add up the continuous practice area experience column and record the total in the bottom row to demonstrate that you meet the minimum requirements
* Add up the recency of practice hours column and record the total in the bottom row to demonstrate that you meet the minimum requirements
* 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. Academic Transcript**

1. **Academic Qualification details**

 Please confirm the name of the University and APA-recognised Australian Postgraduate Master’s Coursework Degree or Masters by Research/Philosophy/PhD (Research Titling only) for the selected practice area.

|  |  |
| --- | --- |
| **Name** | **Details** |
| University name | <ENTER UNIVERSITY NAME> |
| Qualification | <ENTER NAME OF MASTERS / PhD QUALIFICATION> |
| Mandatory Unit (if applicable) | ENTER NAME OF MANDATORY UNIT> |
| Year Completed |  |

1. **Academic Transcript Confirmation**

There are two methods available to provide your academic transcript to confirm successful completion of the APA-recognised post-graduate Master’s degree (refer to University Listing on the Academic Tilting webpage).

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
* Ensure you *provide 30 days access* to the document
* Send the My eQuals pin code to access the academic transcript (testamur not required) with the completed application form and other required files to ng.title@australian.physio

***OR***

* 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).
* Submit the certified copy of your academic transcript with the completed application form and other required files to ng.title@australian.physio

**Section 4. Authorisation and Declaration**

**Please note:** this section 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:………………………………………………………………….