Pre-requisites for titling may change from time to time. Please check the website and the APA Titling Information Booklet for more information: [APA titling information](https://australian.physio/pd/advancing-your-career)

**Academic Pathway**

To be eligible under this pathway, you must fulfil the following criteria:

* Minimum two year’s full time equivalent clinical experience in your selected discipline
* Successful completion of recognised post-graduate Australian Master's degree by coursework in your selected discipline
* Current membership of your selected National Group.

Please check the APA Titling Information Booklet to confirm if an academic pathway is offered in your selected discipline, also ensure the post-graduate master’s degree you have completed is listed on the APA Titling web page.

**Experiential Pathway**

The experiential pathway is available for those who have not completed a recognised post-graduate Australian Master’s degree by coursework. To be eligible under this pathway, you must fulfil the following criteria:

* **Minimum five years** clinical experience, with at **least three years** in your selected discipline
* Completed pre-requisite course(s) for the title you are applying for
* Evidence of 20 CPD hours over the last twelve months in your selected discipline
* Current membership of your selected National Group.

Please check the APA Titling Information Booklet to confirm if an experiential pathway is offered in your selected discipline and confirm its pre-requites.

**Instructions**

* **Please type your answers**.
* All questions must 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 transcripts, professional development certificates or employment records as separate, appropriately named files.
* Academic pathway-provide transcripts via My eQuals or post in 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.
* A non-refundable fee of $135 (GST inclusive) must be enclosed with your application. This fee assists to cover the costs associated with assessing the application as well as developing and maintaining the Title Program. Please make sure you have downloaded and completed the payment form from our website.
* Submit your application as a word document or pdf file via email to ngtitle@physiotherapy.asn.au
* Successful applicants who satisfy all the requirements will be formally granted title, and will be notified via email.

**Checklist**

Before sending, your application please ensure you have:

[ ]  Typed your answers and included sufficient detail

[ ]  For the academic pathway --provide transcripts via My eQuals or post in a certified transcript

[ ]  For experiential pathway-provide evidence of achieving 20 CPD hours over the last twelve months.

[ ]  Completed the declaration and authorisation section

[ ]  Enclosed 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 within 4 weeks of an applicant being notified of their result.

All information provided on this form is subject to the APA Privacy Policy, which is available at [www.physiotherapy.asn.au](http://www.physiotherapy.asn.au). 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 ngtitle@physiotherapy.asn.au.

If needed, post completed applications or supporting documentation to:

The Title Program

Australian Physiotherapy Association

PO Box 437

HAWTHORN BC

VIC 3122

**Section 1. Personal details**

|  |  |
| --- | --- |
| **Name** | <ENTER FULL NAME> |
| **Address** | <ENTER ADDRESS> |
| **Mobile** | <ENTER MOBILE NUMBER> |
| **Email** | <ENTER EMAIL ADDRESS> |
| **National group membership** | <ENTER RELEVANT NATIONAL GROUP TO THE TITLE> |
| **Title** | <ENTER TITLE YOU ARE APPLYING FOR> |
| **Application Pathway** | <ACADEMIC/EXPERIENTIAL> |

**ACADEMIC PATHWAY**

**Section 2. Qualification and experience**

|  |  |
| --- | --- |
| **University** | <ENTER UNIVERSITY NAME> |
| **Qualification** | <ENTER NAME OF COURSEWORK MASTERS QUALIFICATION> |
| **\*Full time equivalent (FTE) clinical experience\*** | <ENTER NUMBER OF YEARS> |

\*One year FTE is equivalent to 1,748 hours, which is based on 46 working weeks per year at 38 hours per week.

1. Provide your recognised Australian post-graduate master’s degree. There are two methods available, please select one:
	* If your institution has My eQuals available, please provide a secure link to your certificate in the box below:

|  |  |
| --- | --- |
| **My eQuals link:**  |  |

* + Post a certified copy of your postgraduate Master’s Academic transcript endorsed with signature and dated. (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.) Please click [here](https://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents.aspx) to see a list.
1. Please go to section 4. Authorisation & declaration.

**EXPERIENTIAL PATHWAY**

**Section 3. Professional experience, CPD & prerequisite training courses**

1. How many years of full time equivalent (FTE) clinical experience have you had? 1 year FTE is equivalent to 1,748 hours, which is based on 46 working weeks per year at 38 hours per week.

<ENTER NUMBER OF YEARS>

1. Please outline three years (FTE) of your professional experience in your selected discipline in the table below. List the following:
* Duration of your employment
* Number of hours you worked on a weekly basis
* The practice name
* Your employer’s contact number and position at the organisation
* The percentage of this practice that is relevant to your **selected discipline**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Duration** | **Hours** | **Practice Name** | **Employer Position and Contact** | **Area of Practice & Relevance to Title** | **Discipline Hours** |
| E.g. May 2018 – May 2019 | 38 hours per week × 46 weeks= 1,748 | John Smith Physiotherapy | John SmithHead Physiotherapist0400 123 123 | Team physiotherapist for football club.100% sports | 1,748 sports hours |
| E.g. June 2018 – December 2018 | 38 hours per week × 28 weeks= 1,064 | Private Practice | John DoePrincipal Practitioner0400 123 123 | Private clinician.50% sports | 532 sports hours |

Please add rows as required.

1. List all relevant CPD courses, conferences and other CPD activities completed in the last 12 months. If you are able, please provide documents such as certificates of completion etc. Please note your 20 hours must be in your selected discipline.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **Activity Provider** | **CPD Hours** |
| E.g. 06/01/2017 | APA Sports Level 1 Course | The Australian Physiotherapy Association | 17 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please add or rows as required.

1. Please confirm you have completed the pre-requisites for the selected discipline.

|  |  |  |
| --- | --- | --- |
| **National Group** | **Completed** | **Training Course** |
| Cardiorespiratory | [ ]  | Cardiorespiratory Physiotherapy Level 2 (ICU + Pulmonary Rehabilitation Components) |
| Women’s and Men’s Pelvic Health | [ ]  | Continence and Women’s Health Level 1 |
| Gerontology | [ ]  | Gerontological Physiotherapy Level 2 |
| Neurology  | [ ]  | Neurological Physiotherapy Level 1 |
| Occupational Health  | [ ]  | All Level 1 Occupational Health courses |
| Paediatric  | [ ]  | Paediatric Physiotherapy Level 1 |
| Pain | [ ]  | Nil – will be Pain Physiotherapy Level 1 |
| Sports and Exercise | [ ]  | Sports Physiotherapy Level 3 |

**Section 4. Authorisation & declaration (all applicants)**

[ ]  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: ………………………………………………………………….

Name: …………………………………………………………………. Date: ………………..

**Witness**

Signed: ………………………………………………………………….

Name: …………………………………………………………………. Date: ……………….