Pre-requisites for titling may change from time to time. Please check the [website](https://australian.physio/pd/advancing-your-career) and the [APA Titling Information Booklet](https://australian.physio/sites/default/files/APA_Title_Info_Booklet_Dec2020.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 a postgraduate Australian master’s degree:
* Clinical streams: APA recognised coursework master’s degree in your selected practice area\*

or

* Non-clinical: Master’s by Research or Master of Philosophy (or Doctor of Philosophy as the higher qualification)
* 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

\*Clinical streams: Please check the [APA Titling Information Booklet](https://australian.physio/sites/default/files/APA_Title_Info_Booklet_Dec2020.pdf) to confirm if an academic pathway is offered in your selected practice area, also ensure the postgraduate coursework master’s degree you have completed is listed on the [APA Titling web page](https://australian.physio/pd/advancing-your-career).

**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/pd/advancing-your-career)
* Meet the [recency of practice requirements](https://australian.physio/pd/advancing-your-career)
* 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/APA_Title_Info_Booklet_Dec2020.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 must be included with your application, the payment is ONLY deducted once the application is. The payment form can be downloaded from the [titling webpage](https://australian.physio/sites/default/files/professional-development/advancing-your-career/Payment_Form_2020.pdf).
* Submit your application as a word document or pdf file and any attachments via email to 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 at [www.australian.physio](http://www.australian.physio). 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

**Section 1. Personal details**

|  |  |
| --- | --- |
| **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 > |

**ACADEMIC PATHWAY**

**Section 2. Qualification, professional experience & CPD**

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

1. Provide confirmation (academic transcript) of successful completion of your recognised Australian coursework master’s degree. There are two methods available, please select one:
	1. 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
* Provide us the pin code to access the academic transcript (testamur not required)
* Send a separate email to ng.title@australian.physio with the completed application form and other required files
	1. 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. Click [here](https://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents.aspx) to see the list of authorised officers.
* Send via email to ng.title@australian.physio with the completed application form and other required files
1. Continuous practice area experience and recency of practice. You only need to demonstrate that you have met the minimum requirements outlined [here](https://australian.physio/sites/default/files/APA%20Standards_RecencyContinuousPractice_v1.0.pdf).

*Please add more rows if required*

|  |  |  |  |
| --- | --- | --- | --- |
| **Period***Start and finish – month& year* | **Practice, employer or organisation** | **Role and relevance to practice area** | **Practice area #** (hours, weeks or months 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* |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| [enter total continuous practice area experience here] | **Total continuous practice area experience** | **Total recency of practice** | [enter total recency of practice here] |

1. List a minimum of 30 hours CPD in your selected practice area within the past three years. More information on CPD activities is available from the Physiotherapy Board-AHPRA [here](https://www.physiotherapyboard.gov.au/Codes-Guidelines/CPD-guidelines.aspx). If you are able, please provide a maximum of three documents such as your PD log, certificates of completion etc. You may include your masters course (or PhD for research titling) if it was within the past three years.

*Please add more rows if required*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **Activity Provider** | **CPD Hours** |
| E.g. 06/01/2017 | APA Sports Level 1 Course | The Australian Physiotherapy Association | 17 |
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Please go to section 4. Authorisation & declaration.

**EXPERIENTIAL PATHWAY**

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

1. 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/APA_Title_Info_Booklet_Dec2020.pdf)

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

1. Continuous practice area experience and recency of practice. You only need to demonstrate that you have met the minimum requirements outlined [here](https://australian.physio/sites/default/files/APA%20Standards_RecencyContinuousPractice_v1.0.pdf).

*Please add more rows if required*

|  |  |  |  |
| --- | --- | --- | --- |
| **Period***Start and finish – month& year* | **Practice, employer or organisation** | **Role and relevance to practice area** | **Practice area #** (hours, weeks or months 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* |
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| [enter total continuous practice area experience here] | **Total continuous practice area experience** | **Total recency of practice** | [enter total recency of practice here] |

1. List a minimum of 30 hours CPD in your selected practice area within the past three years. More information on CPD activities is available from the Physiotherapy Board-AHPRA [here.](https://www.physiotherapyboard.gov.au/Codes-Guidelines/CPD-guidelines.aspx) If you are able, please provide a maximum of three documents such as your PD log, certificates of completion etc. You may include your masters course (or PhD for research titling) if it was within the past three years.

*Please add more rows if required*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **Activity Provider** | **CPD Hours** |
| E.g. 06/01/2017 | APA Sports Level 1 Course | The Australian Physiotherapy Association | 17 |
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Please go to section 4. Authorisation & declaration

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

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: …………………………………………………………………