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 practice area
* Successful completion of a postgraduate Australian master’s degree:
* One of:
	+ Clinical streams: recognised coursework master’s degree in your selected practice area
	+ Non-clinical: Master’s by Research or Master of Philosophy (or Doctor of Philosophy as the higher qualification)
* Current membership of relevant National Group.

Clinical streams: Please check the APA Titling Information Booklet to confirm if an academic pathway is offered in your selected practice area, also ensure the postgraduate 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 postgraduate 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 practice area
* 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 practice area
* 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 practice area and confirm its pre-requisites.

**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 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.
* 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 ng.title@australian.physio
* 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 email 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 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** | <ENTER RELEVANT NATIONAL GROUP TO THE TITLE> |
| **Title** | <ENTER TITLE YOU ARE APPLYING FOR> |
| **Application Pathway** | Select one:<ACADEMIC-CLINICAL><ACADEMIC-RESEARCH><EXPERIENTIAL> |

**ACADEMIC PATHWAY**

**Section 2. Qualification and experience**

|  |  |
| --- | --- |
| **University** | <ENTER UNIVERSITY NAME> |
| **Qualification** | <ENTER NAME OF MASTERS / PhD 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 confirmation 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 transcript
* Send a separate email at the same address with the completed application and payment form
	1. Send a certified copy of your 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.
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 practice area 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 practice area**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Duration** | **Hours** | **Practice Name** | **Employer Position and Contact** | **Area of Practice & Relevance to Title** | **Practice area 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 practice area.

|  |  |  |
| --- | --- | --- |
| **National Group** | **Completed** | **Training Course** |
| Cardiorespiratory | [ ]  | One Cardiorespiratory Physiotherapy Level 2 - either ICU or Pulmonary Rehabilitation |
| Women’s and Men’s Pelvic Health | [ ]  | Continence and Women’s Health Level 1 in 2020, changing to Women’s Health Level 2 in 2021 |
| 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 2 |

1. 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: ………………………………………………………………….

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

**Witness**

Signed: ………………………………………………………………….

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