**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 a post graduate Australian Master’s degree by coursework in your selected discipline
* Current membership of your selected National Group.

**Please note:** Occupational Health Physiotherapy Australia does not accept applications via the Academic Pathway.

**Experiential Pathway**

The experiential pathway is available for those who have not completed a 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 note: There are pre-requisite courses that need to be completed for all groups. Refer to section 3b for details.

**Instructions**

**Please type your answers**. All questions should 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.

Submit your application as a word document or pdf file via email to ngtitle@physiotherapy.asn.au. Include any supporting documentation such as transcripts, professional development certificates or employment records as separate, appropriately named files. Please note that **those who do not have My eQuals available will need to post a certified hard copy transcript.**

Handwritten or facsimile applications will not be accepted. Applications that are not completed correctly, or contain insufficient detail will be returned.

Successful applicants who satisfy all the requirements will be formally granted title, and will be notified via email.

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.

**Checklist**

Before sending your application please ensure that you have:

* Typed your answers and included sufficient detail
* Enclosed the completed payment form ($135 processing fee)
* Provided a **certified copy** of your academic transcript (either through My eQuals or traditional certification)
* Completed the declaration and authorisation section
* Included the contact details of a referee who can verify your professional experience.

**Please retain a copy of your application**, in the event that questions arise, 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.

Please tick here if you do not authorize the sharing of your information

Please tick here if you require your application or supporting documents to be returned

Email completed applications to ngtitle@physiotherapy.asn.au.

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> |
| **APA Member ID** | <ENTER APA MEMBERSHIP NUMBER> |
| **Address** | <ENTER ADDRESS> |
| **Mobile** | <ENTER MOBILE NUMBER> |
| **Email** | <ENTER EMAIL ADDRESS> |
| **Title** | <ENTER TITLE YOU ARE APPLYING FOR> |
| **Application Pathway** | <ACADEMIC/EXPERIENTIAL> |

**Please include a certified copy of your post graduate 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.

Please note that if your institution has My eQuals available, please provide your secure link to your certificate when you email in your completed application.

**Section 2. Professional Experience**

How many years of full time equivalent (FTE) clinical experience have you had?

**<ENTER NUMBER OF YEARS>**

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

Please outline your professional experience in the table below. List the:

* The duration of your employment
* The 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 2015 – May 2016 | 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 2016 – December 2016 | 38 hours per week × 28 weeks= 1,064 | Private Practice | John DoePrincipal Practitioner0400 123 123 | Private clinician.50% sports | 532 sports hours |

**\*Please add or remove rows as required.**

**Section 3a. Continuing Professional Development (CPD)**

List all relevant CPD courses, conferences and other CPD activities completed in the last 12 months. Please provide documentary evidence of achieving 20 CPD hours over the last twelve months.

For experiential applicants, please note that 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 remove rows as required.**

**Section 3b. Required Courses (*Experiential Applicants ONLY*)**

Please list and provide documentary evidence for all relevant courses in the table below. Please note the successful completion of specific course(s) is required for eligibility. See the Title Information Booklet for full details. These courses can be included in the 20 CPD hours in section 3a.

|  |  |  |
| --- | --- | --- |
| **Group** | **Course Name** | **Year Completed** |
| **CWHPA/WMPH** | Level 1 Introduction to the Pelvic Floor |  |
| **CRPA** | Level 1 Cardiorespiratory Course |  |
| **GPA** | **Level 2 Gerontology** |  |
| **MPA** | Level 1 Spinal Course |  |
| **NNG** | Level 1 Neurology |  |
| **NPG** | Level 1 Paediatric |  |
| **OHPA** | Level 1 + 2 OHPA |  |
| **SPA** | Level 3 Sports Course |  |

**Authorisation**

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.

Signed: ………………………………………………………………….

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

**Declaration**

I declare that the information contained in this application is true and correct.

**Applicant**

Signed: ………………………………………………………………….

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

**Witness**

Signed: ………………………………………………………………….

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