

AUSTRALIAN ORTHOPTIC BOARD

PO Box 1035
Hampton North Vic 3188
Australia

tel: 03 9005 1072
fax: 03 9005 1089
aoboard@aob.org.au
www.australianorthopticalboard.org.au

APPLICATION FOR REGISTRATION (Australian qualification)

AOB Registration is biennial – current term 1 July 2011 to 30 June 2013.
Registration remains active until 30th September of the renewal year.

New Registration <input type="checkbox"/>	Re-admission <input type="checkbox"/>	Previous registration no. _____
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Please complete form in Word (tab to next field) or clear printed handwriting.

I, Mrs Miss Ms
 Mr
 Dr AProf

[First names IN FULL]

[Family name]

Previous Name/s _____

of [address] _____

P/code _____

Country _____

Phone *Area code* _____

No. _____

Mobile _____

E-mail _____

hereby apply for registration with the Australian Orthoptic Board. My academic orthoptic qualifications are:

Qualification	Abbrev	Institution	Country*	Year Conferred

DOCUMENTS REQUIRED:

1. A legally certified copy of each orthoptic degree listed above MUST be provided in support of this application.
2. If degree has not yet been conferred by Australian university, a transcript of final academic results stating qualified for admission to degree will be accepted in conjunction with confirmation provided by the university to the AOB. (Note: A certified copy of degree will be required within 12 months.)
3. If you wish to register under a name other than that shown on your qualification, a certified copy of the legal document recording the name change (e.g. marriage licence).

I certify that to the best of my knowledge the above information is correct.

Signature of

Applicant:

Date

CONTINUED ON PAGE 2 - additional signature/s required

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Name (*please print*):

- I acknowledge having received a copy of the Regulations adopted by the AOB.
- I undertake to inform myself of my responsibilities as an orthoptist registered by the AOB and abide by its regulations (including the continuing professional education scheme of the AOB) while I am registered and in active practice.
- I understand that my registration is liable to be cancelled or I am liable to be disciplined in the event of breach of any of the requirements referred to in the Regulations.
- I undertake to provide any further information referred to in the Regulations and understand that if I refuse to provide any of the information this may affect my registration.
- I certify that to the best of my knowledge the above information is correct.

Signed

Date

TO SUBMIT THE APPLICATION:

- Original signed application and certified copies of qualifications are required by mail to:

**Australian Orthoptic Board
PO Box 1035
Hampton North Vic 3188
Australia**

- Application may initially be submitted by email or fax.
- An invoice will be issued by email when application is received.
- The AOB will correspond with you primarily by email – please ensure your spam filter is set to accept email from aoboard@aob.org.au