
Regulations under the *Medical Practitioners Registration Ordinance*

I, JOHN ARMSTRONG ENGLAND, the Administrator of the Northern Territory of Australia, having received the advice of the Executive Council, hereby make the following Regulations under the *Medical Practitioners Registration Ordinance*.

Dated this third day of March, 1977.

J. A. ENGLAND
Administrator

AMENDMENTS OF THE MEDICAL PRACTITIONERS REGISTRATION REGULATIONS

1. Regulation 2 of the Medical Practitioners Registration Regulations is amended by omitting "Chairman" and substituting "Registrar". Executive Officer
2. Regulation 3 (4) of the Medical Practitioners Registration Regulations is amended by omitting "Chairman" and substituting "Registrar". Meetings of the Board
3. Regulations 4, 5 and 6 of the Medical Practitioners Registration Regulations are repealed and the following regulations and schedule substituted:

"4. The particulars to be entered in the registers required to be kept by the Registrar shall be as follows: Particulars in registers

Particulars to be entered in the Register (Full):

Number:
Date of Registration:
Name of Practitioner:
Professional Address:
Qualifications:

Particulars to be entered in the Register (Provisional Full):

Number:
Date of Approval by Chairman:
Period of Provisional Registration:
Name of Practitioner:
Professional Address:
Qualifications:

* Notified in the *Northern Territory Government Gazette* on 11 March, 1977.

Particulars to be entered in the Register (Conditional):

Number:
 Date of Registration:
 Name of Practitioner:
 Approved Place of Practice:
 Qualifications:
 Conditions under which practice permitted:

Particulars to be entered in the Register (Provisional Conditional):

Number:
 Date of Approval by Chairman:
 Period of Provisional Registration:
 Name of Practitioner:
 Approved Place of Practice:
 Qualifications:
 Conditions under which practise permitted:

Registration
fees, etc.

“5. The following fees may be demanded in advance and collected by the Board:

For entry of a name in the Register (Conditional) and for the issue of a certificate of registration (Conditional)—\$12.00 per year or part of a year.

For the entry of a name in the Register (Full) and for the issue of a certificate of registration (Full) and for the issue of an initial practising certificate—\$12.00.

For the entry of a name in the Register (Provisional Full) or the Register (Provisional Conditional) and for the issue of a certificate of registration (Provisional Full) or (Provisional Conditional)—\$3.00.

For the renewal of a practising certificate or for the issue of a practising certificate where no registration fee is payable—\$12.00.

For the issue of a Certificate of Good Standing—\$3.00.

Certificate of
Registration

“6. A certificate of registration shall be in accordance with Form 1, 2, 3 or 4, as the case may be, in the Schedule.

Prescribed
countries

“7. The prescribed countries for the purposes of sections 22, 23, 23A and 23B of the Ordinance are Eire, United Kingdom and New Zealand.

Certificate of
good standing

“8. A Certificate of Good Standing shall be in accordance with Form 5 in the Schedule.

Fees and
allowances

“9.(1) Subject to sub-regulation (2), a member shall be paid in respect of each day or part of a day on which he attends a meeting of the Board or is otherwise engaged, at the direction of the Board, on business of the Board—

(a) in the case of the Chairman—a fee of 50 dollars; and

(b) in the case of a member other than the Chairman—a fee of 45 dollars.

“(2) Where a meeting does not continue for more than 4 hours on any day—

(a) the Chairman shall be paid a fee of 10 dollars; and

(b) a member other than the Chairman shall be paid a fee of 8 dollars, for each hour or part of an hour that the meeting has continued.

“(3) A member is entitled to be paid such transport expenses as, in the opinion of the Board, are reasonably incurred by him in travelling for, or as a result of the business of, the Board to and from a place at which a meeting is held or a place at which he is otherwise engaged at the direction of the Board on the business of the Board.

“SCHEDULE

Form 1

THE NORTHERN TERRITORY OF AUSTRALIA
Medical Practitioners Registration Ordinance
CERTIFICATE OF REGISTRATION (FULL)

Number:

Date of Registration:

Name of Practitioner:

Professional Address:

Qualifications:

I certify that this is a true copy of the entry of the above-specified name in the Register (Full) of Medical Practitioners of the Northern Territory of Australia.

Dated this day of 19 .

.....
Chairman of the Medical Board

.....
Registrar

Form 2

THE NORTHERN TERRITORY OF AUSTRALIA
Medical Practitioners Registration Ordinance
CERTIFICATE OF REGISTRATION (PROVISIONAL FULL)

In accordance with the provisions of section 23D of the *Medical Practitioners Registration Ordinance* I certify that I am satisfied that

.....
.....
is entitled to be registered as a medical practitioner under that Ordinance and hereby grant him/her Registration (Provisional Full) until the day of
19 .

Dated this day of 19 .

.....
Chairman of the Medical Board

THE NORTHERN TERRITORY OF AUSTRALIA
Medical Practitioners Registration Ordinance
CERTIFICATE OF REGISTRATION (CONDITIONAL)

The Medical Board of the Northern Territory has this day granted Registration (Conditional) as a Medical Practitioner to

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under the provisions of section 23 of the *Medical Practitioners Registration Ordinance*.

Dated this day of 19 .

.....
Chairman of the Medical Board

.....
Registrar

Particulars of Conditions:.....
.....
.....

THE NORTHERN TERRITORY OF AUSTRALIA
Medical Practitioners Registration Ordinance
CERTIFICATE OF REGISTRATION (PROVISIONAL CONDITIONAL)

In accordance with the provisions of section 23D of the *Medical Practitioners Registration Ordinance* I certify that I am satisfied that

.....
.....
is entitled to be registered as a medical practitioner subject to the conditions listed hereunder and hereby grant him/her Registration (Provisional Conditional) until the day of 19 .

Dated this day of 19 .

.....
Chairman of the Medical Board

Particulars of Conditions:.....
.....
.....

Form 5

THE NORTHERN TERRITORY OF AUSTRALIA
Medical Practitioners Registration Ordinance
CERTIFICATE OF GOOD STANDING

CERTIFICATE No.

THE MEDICAL BOARD OF THE NORTHERN TERRITORY HEREBY CERTIFIES that the following is a true copy of the entry in the register relating to the fully registered medical practitioner named below:

Registration No.:

Date of Registration:

Name of Practitioner:

Professional Address:

Qualifications:

THE BOARD FURTHER CERTIFIES that no disciplinary proceedings under the *Medical Practitioners Registration Ordinance* are in progress, or are at present contemplated against the practitioner named in the Territory.

Given under my hand for and on behalf of the Board.

.....
Chairman of the Medical Board

Date

Note: Qualifications marked with an asterisk (*) have been sighted and accepted by this Board.
If not so marked such qualifications were accepted on the authority of a Certificate received from another Medical Board."

