

eCertificate Application for Secure Messaging.

To apply for an individual eCertificate, the following procedure needs to be followed:

1. Check the information at the following address prior to completing the application form:
<http://www.medicareaustralia.gov.au/provider/business/online/register/checklist.shtml>
2. If you have not previously registered as an individual/provider with Medicare Australia you will need to supply the following:
 - a. Medicare Australia identifier e.g. provider number; or
 - b. If you do not have a Medicare Australia identifier, 100 points of identification such as a current passport and driver's licence. You will need to supply a deed poll or marriage certificate if there are name differences between any documents.
 - c. Your email address.
3. Please have an acceptable referee certify any evidence of identity documents you submit. The acceptable referee who certifies these documents must complete the [Acceptable Referee Identification Form \(ARIF\)](#).
4. For an Individual eCertificate, complete [this form](#), ensuring that all relevant information is entered.

NOTES:

The 2 forms of key are:-



iKey



Smartcard

iKey is similar to a "USB Thumb Drive" and the Smartcard is a USB card reader, with a "Credit Card" style card (2 pieces.)

Medicare Australia Registration forms for online business:

<http://www.medicareaustralia.gov.au/provider/business/online/register/forms.shtml>

Medicare Australia Info for Registering for online business:

<http://www.medicareaustralia.gov.au/provider/business/online/register/index.shtml>



Registered Medicare Australia Healthcare Professional Individual Certificate application

Important information

Complete this form to register for a Medicare Australia Healthcare Professional Individual Certificate.

Assistance

If you need assistance to complete this form please call the Medicare Australia eBusiness Service Centre on 1800 700 199** or visit www.medicareaustralia.gov.au

Lodgement

Send completed and signed form to:

Manager

eBusiness Service Centre
GPO Box 9822

In your capital city

or fax to the eBusiness Service Centre in your state:

ACT/NSW: (02) 9895 3190 VIC: (03) 9605 7981
TAS: (03) 6215 5600 SA/NT: (08) 8274 9408
WA: (08) 9214 8173 QLD: (07) 3004 5526

Tick where applicable

Name of applicant

Dr Mr Mrs Miss Ms Other

1 Family name

First given name

Other given name(s)

2 Street address

 Postcode

3 Postal address (if different to above)

 Postcode

4 Phone number

5 Fax number

6 Email (to be used on certificate)

 @

Note: If you wish to use your certificate for the purpose of secure email, a valid email address must be provided.

Medicare Australia reference ID

7 Provider number

or

Other Medicare Australia reference ID

Program type

Reference ID

Token type

8 Please indicate the type of token you would prefer for your certificate:

- Smartcard
 iKey

Operating system

9 Please indicate the type of operating system used:

- Windows
 Macintosh (Apple)
 Other (please specify)

Declaration

10 I declare that:

- information provided on this form is correct

Your signature

Date

Privacy note

The information provided by you on this form will be used by Medicare Australia to register you for a Registered Medicare Australia Healthcare Professional Individual Certificate and to contact you if required. Medicare Australia will not disclose your personal information to anyone else, unless required by law.

****Call charges apply from mobile and pay phones only.**

Acceptable Referee Identification Form

FOR A GATEKEEPER HEALTHCARE INDIVIDUAL CERTIFICATE



Australian Government
Medicare Australia

The information you give on this form and the documentation you provide will be used to verify identity.

Please read the questions carefully and follow the instructions.

Applicant details

Applicant details

Title	First given name	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname <input type="text"/>		
Address		
Suite		Floor
Building <input type="text"/>		
Street <input type="text"/>		
City/suburb <input type="text"/>		
State		Postcode

- an authority of the Commonwealth, a State or Territory; or
 - a local government body of a State or Territory; who has been so employed continuously for a period of at least 5 years, whether or not the individual was employed for part of that period as an officer and for part as an employee.
15. An individual employed as a full-time teacher or as a principal at an educational institution and has been so employed continuously for a period of at least 5 years.
 16. An individual who, in relation to an Aboriginal community is recognised by the members of the community to be a community elder or if there is an elected Aboriginal council that represents the community, is an elected member of the council.
 17. A Commissioner of Oaths of a State or Territory.

Acceptable Referee

The rest of this form is to be completed by the Acceptable Referee.

Acceptable Referees include:

1. A member of the Institute of Chartered Accountants in Australia, Australian Society of Certified Practising Accountants or the National Institute of Accountants.
2. A member of a municipal, city, town, district or shire council of a State or Territory.
3. A legal practitioner of a Federal, State or Territory court
4. A registrar, clerk, sheriff or bailiff of a Federal, State or Territory court
5. An individual registered or licensed as a dentist, medical practitioner, pharmacist or veterinary surgeon under a law of the State or Territory providing for that registration or licensing.
6. An individual who holds the position of nursing sister and is registered as a nurse under a State or Territory law providing for that registration.
7. A judge or master of a Federal, State or Territory court.
8. A stipendiary magistrate of the Commonwealth or of a State or Territory.
9. A Justice of the Peace of a State or Territory.
10. A member of Parliament or a State Parliament.
11. A member of the Legislative Assembly of the Australian Capital Territory, the Northern Territory or Norfolk Island.
12. A member of the Australian Federal Police, or of the police force of a State or Territory, who, in the normal course of their duties, is in charge of a police station.
13. A manager of a Post Office.
14. An individual employed as an officer or employee by one or more of the following:
 - the Commonwealth, a State or Territory;

Referee details

Referees are responsible for ensuring originals of all documents presented to them by the applicant are:

- copies of originals; and
- certified by signing each of the documents with the statement *'This is a true copy of the original as supplied to me.'*

Referee details

Title	First given name	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname <input type="text"/>		
Home address		
Street <input type="text"/>		
City/suburb <input type="text"/>		
State		Postcode
Telephone number (during business hours) () <input type="text"/>		
Occupation <input type="text"/>		
Category number <input type="text"/>		
Signature <input type="text"/>		
Date <input type="text"/>		