

# medicare

# Request to renew, revoke or reissue a Public Key Infrastructure certificate (HW003)

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### When to use this form

Use this form if you need to:

- · renew your current Public Key Infrastructure (PKI) certificate
- revoke your current PKI certificate
- revoke your current PKI certificate and request a new one (using the details you provide on this form)
- record details for a new Certificate Manager and/or Authoriser.

# Who can complete this form

Complete this form if you are:

- the individual who owns the PKI individual certificate that is to be renewed, revoked or reissued
- the Certificate Manager of the PKI site/organisation certificate that is to be renewed, revoked or reissued
- the Authoriser of the site/organisation.

### **Certificate Manager**

The Certificate Manager is responsible for managing the certificate such as renewing, revoking and reissuing. The Certificate Manager is the primary contact for correspondence relating to the certificate and its uses.

If you are not the Certificate Manager on the current certificate then you will need to provide your Provider Digital Access (PRODA) RA number and the Authoriser will need to submit this form.

### **Authoriser**

An Authoriser is an individual who has legal authority to act on behalf of the site/organisation. Examples of an Authoriser include an owner of a business, a trustee of a trust or a partner of a partnership. The Authoriser must authorise any new Certificate Manager to act on the site/organisation's behalf.

The Authoriser may also be the Certificate Manager.

# **Reissuing Public Key Infrastructure certificates**

Individual PKI certificates are reissued on a USB token.

Site PKI certificates are issued on a CD.

# For more information

Go to **servicesaustralia.gov.au/pki** or call 1800 700 199 Monday to Friday, 8 am to 5 pm, local time.

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u can complete this form on your computer using Adobe Acrobat ader and some browsers.
nere you see a box like this <b>b</b> Go to 1 skip to the question
mber shown.
lividual certificate holder/Certificate Manager's
tails
Dr Mr Mrs Miss Ms Mx Other
Family name
First given name
Second given name
Second given name
Individual PRODA RA number
Business name
Dushioss halife
Business address
Postcode
Postal address (if different to above)
Postcode
Business phone number (including area code)
Mobile phone number
Business email
This email may be used for secure mail. Secure mail uses technology that ensures an email message is encrypted at the source and can only be viewed and opened by its intended recipient.
intended recipient.

# **Current Public Key Infrastructure certificate details**

What would you like to do?
Tick one only
Renew your current PKI individual certificate
Renew your current PKI site certificate
Revoke your current PKI certificate
Revoke and reissue your PKI individual certificate Go to 9
Revoke and reissue your PKI site certificate
Record a new Certificate Manager D Go to 12
Record a new Authoriser or change business details Go to 13
You will need to register and use your PRODA account to access Health Professional Online Services (HPOS).
Do you require a PKI individual certificate for other purposes?  No Use your PRODA account or create one Yes
What is the reason for the requested action?

# **Privacy notice**

11 The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

# **Certificate Manager declaration**

Question 12 must be completed by the Certificate Manager responsible for managing the site certificate or the individual who owns the PKI individual certificate.

### 12 I declare that:

- I am the Certificate Manager responsible for managing the site certificate, or
- I am the health professional legally responsible for the individual certificate.
- I have read the Privacy notice at guestion 11.
- the information I have provided in this form is complete and correct.

### I understand that:

• giving false or misleading information is a serious offence.

Certificate Manager's	full name	
I have read, understood and agree to the above.		
Date (DD MM YYYY)		

### **Authoriser declaration**

Question 13 must only be completed by the Authoriser if recording a new Certificate Manager and/or Authoriser or changing business details.

### 13 I declare that:

- I represent the site/organisation named in this form.
- I have advised the nominated Certificate Manager and they are aware of their role and responsibilities.
- I have read the **Privacy notice** at guestion 11.
- the information I have provided in this form is complete and correct.

# I authorise:

 the Certificate Manager named in this form to act on behalf of the site/organisation.

### I understand that:

giving false or misleading information is a serious offence.

giving false of finologating information is a serious oriones.
Authoriser's full name
Authoriser's legal position
Individual PRODA RA number
I have read, understood and agree to the above.
Date (DD MM YYYY)

# **Returning this form**

Return the completed form online using your PRODA account and the Form upload function in Health Professional Online Services (HPOS). For more information, go to **servicesaustralia.gov.au/hpos**