



# Request to revoke or revoke and reissue a National Authentication Service for Health Public Key Infrastructure certificate (HW083)

## When to use this form

You must **only** use this form if you are unable to revoke or reissue an existing certificate through Health Professional Online Services (HPOS).

Use this form to:

- revoke your current National Authentication Service for Health (NASH) Public Key Infrastructure (PKI) certificate
- revoke your current NASH PKI certificate and request a new one. **This option is only for network organisations that have been advised by Services Australia to use this form.**

## Who should complete this form

Complete this form if you are the Certificate Manager of the NASH PKI organisation certificate that is to be revoked or revoked and reissued.

## Certificate Manager

The Certificate Manager is the primary contact for correspondence relating to the certificate and its uses, including revoking and reissuing.

An organisation may have more than one Certificate Manager.

For the purposes of NASH PKI, the Certificate Manager can be a:

- responsible officer
- organisation maintenance officer
- contracted service provider (CSP) officer
- general supporting organisation (GSO) officer.

## Healthcare identifier or registration number

A healthcare identifier or registration number may be one of the following:

- Healthcare Provider Identifier – Individual
- Healthcare Provider Identifier – Organisation
- CSP registration number
- GSO registration number.

These numbers are issued by the Healthcare Identifiers Service.

## For more information

You can:

- go to [servicesaustralia.gov.au/nash](https://servicesaustralia.gov.au/nash)
- email [co.nash.pki@servicesaustralia.gov.au](mailto:co.nash.pki@servicesaustralia.gov.au)

There may be risks with sending personal information through unsecured networks or email channels.

- call 1800 700 199 Monday to Friday, 8 am to 5 pm, Australian Eastern Standard Time.

## Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

## Your details

1 Dr  Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name

2 Business name

3 Business phone number (including area code)

Mobile phone number

4 Healthcare identifier or registration number (if known)

## Current National Authentication Service for Health Public Key Infrastructure certificate details

5 Registration Authority (RA) number

6 What would you like to do?

Tick one only

- Revoke your current NASH PKI certificate
- Revoke and reissue your NASH PKI certificate

7 What is the reason for the requested action?

  

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## Privacy notice

8 Personal information is protected by law, including the *Privacy Act 1988*.

Personal information is collected by Services Australia for purposes relating to the provision of healthcare, including the issue of a National Authentication Service for Health Public Key Infrastructure certificate and operation of the National Authentication Service for Health Public Key Infrastructure.

Your organisation's healthcare identifier and other information collected as a result of the submission of this application is regulated by the *Healthcare Identifiers Act 2010*.

As a result of the submission of this application, Services Australia may collect personal information about individuals named in the application from other Commonwealth agencies or people, including, for example, the Chief Executive Medicare (the Healthcare Identifiers service operator).

Personal information may be used by Services Australia or given to other parties, such as other Australian Government departments and agencies, where you have agreed to that, or where it is required or authorised by law (including the *Healthcare Identifiers Act 2010* and *Privacy Act 1988*).

You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy, at [servicesaustralia.gov.au/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

## Declaration

9 I declare that:

- I am the Certificate Manager responsible for managing the National Authentication Service for Health Public Key Infrastructure organisation certificate.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Signature

Date (DD MM YYYY)

## Returning this form

Return this form and any supporting documents by:

- **email to [co.nash.pki@servicesaustralia.gov.au](mailto:co.nash.pki@servicesaustralia.gov.au)**  
There may be risks with sending personal information through unsecured networks or email channels.
- post to  
Services Australia  
NASH PKI Operations  
PO Box 7788  
CANBERRA BC ACT 2610



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