



Request to revoke and/or reissue a National Authentication Service for Health Public Key Infrastructure Certificate

Purpose of this form

Use this form to:

- revoke your current Australian Government Department of Human Services National Authentication Service for Health (NASH) Public Key Infrastructure (PKI) certificate, **or**
- revoke your current NASH PKI certificate and request a new one (using the details you provide in this form).

Who should complete this form

Complete this form if you are:

- the individual who owns the NASH PKI Individual Certificate that is to be revoked and/or reissued, **or**
- the Certificate Manager of the NASH PKI Organisation Certificate that is to be revoked and/or reissued.

Certificate Manager

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

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

- Responsible Officer (RO)
- Organisation Maintenance Officer (OMO)
- Contracted Service Provider officer
- General Supporting Organisation 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
- Contracted Service Provider registration number
- General Supporting Organisation registration number.

These numbers are issued by the HI Service.

Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗

Returning your form

Check that all required questions are answered and that the form is signed and dated.

Scan and email the completed form to:

nash.pki@humanservices.gov.au

or

Send the completed form to:

**Department of Human Services
 NASH PKI Operations
 PO Box 7788
 CANBERRA BC ACT 2610**

or

Fax the completed form to:

1800 890 698

For more information

For more information about NASH PKI, go to **humanservices.gov.au/nash** or if you need assistance completing this form, email **nash.pki@humanservices.gov.au** or call **1800 700 199**.

Note: Call charges may apply.

Your details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

2 Business name

3 Business phone number

4 Healthcare Identifier or Registration Number (if known)

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Current National Authentication Service for Health Public Key Infrastructure certificate details

5 Registration Authority (RA) number

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6 What would you like to do?

Tick ONE only

Revoke and reissue your NASH PKI certificate

Revoke your current NASH PKI certificate

7 What is the reason for the requested action?

Tick ONE only

Certificate is faulty

Certificate not received

Lost CD/token

Lost or forgotten

Personal Identification Code (PIC)

Revocation only

Other Give details below

Privacy notice

8 Personal information collected by the Australian Government Department of Human Services as a result of the submission of this application is protected by law, including the *Privacy Act 1988*.

Personal information is collected by the Department of Human Services for purposes relating to the provision of healthcare, including the issue of a NASH PKI certificate and the administration and operation of the NASH PKI system. The 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, the Department of Human Services may collect personal information about individuals named in the application from other Commonwealth agencies or people, including, for example, the Chief Executive Medicare (the HI Service Operator).

The Department of Human Services may disclose personal information to other Commonwealth agencies or to other persons (including the HI Service Operator and the department's outsourced service providers) where that individual has consented to the disclosure, or where it is otherwise required or authorised by law.

You can get more information, including our privacy policy, at humanservices.gov.au/privacy or by requesting a copy from the department.

Declaration


9 I declare that:

- I am the Certificate Manager responsible for managing the National Authentication Service for Health Public Key Infrastructure Organisation Certificate, **or**
- I am legally responsible for the National Authentication Service for Health Public Key Infrastructure Individual Certificate, **and**
- 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

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