



Aboriginal and Torres Strait
Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery

Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Form Number SE-12

Supervised Practice (Pharmacists)

Practitioner Details

Monitoring & Compliance number		Name (Last, First)	
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Practitioner's Declaration

By signing this form I acknowledge and confirm I am aware that:

- a. I must always practise as a pharmacist under the supervision of another pharmacist
- b. only hours spent practising under a Board approved supervised practice arrangement, in accordance with the Board's Registration Standard: Supervised practice arrangements, after receiving Board approval may be counted towards the supervised practice hours required by condition 1(b), on my registration, and
- c. at the completion of the requisite supervised practice hours I must provide evidence of successful completion of these hours in a format specified by the Board.

Signature

Date

Return form to

Case officer

Email

Post