



Undertake education
Nomination of educator

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Nominee's details

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>
Place of practice	
<input type="text"/>	
Postal address	
<input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

Practitioner's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- The nominated educator is not in a close collegiate, family, social or financial relationship with me.
- I have provided a copy of the nominated educator's curriculum vitae to demonstrate they have the training, experience and/or qualifications in order to provide the education required.
- I have provided the nominated educator with a copy of the conditions on my registration and the contact details of my Ahpra case officer.
- I have attached an education plan, outlining the form the education will take, and how the topics of education will be addressed.
- I am aware Ahpra may contact the approved educator for the purposes of obtaining reports at the conclusion of the education. These reports may be provided to the Board and include details of the dates education occurred, what the education comprised of and whether I have, in the opinion of the educator, satisfactorily participated in and understood the education.
- I am aware that, at the conclusion of the education, I must provide evidence of successful completion of the education together with a reflective practice report.
- I confirm that I will not include the education or the preparation of the reflective practice report to satisfy my continuing professional development requirements.

Signature <input type="text"/>	Date <input type="text"/>
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When completed, return this form to:

Case officer <input type="text"/>	Ahpra GPO Box 9958 IN YOUR CAPITAL CITY (<i>refer below</i>)
Email <input type="text"/>	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801



Undertake education
Nominee acknowledgement

Practitioner's details

Name Monitoring & compliance number

Nominee's details

Name (Last, First) Registration number

Place of practice

Postal address

Contact number Email

Nominee's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- I am a registered health practitioner who holds unrestricted registration with the Board.
- I have provided a copy of my curriculum vitae which demonstrates I have suitable training, experience and/or qualifications in order to provide the education required.
- I am not in a close collegiate, family, social or financial relationship with the Practitioner.
- I have seen and participated in the development of the education plan that accompanied my nomination.
- I have received a copy of the conditions on the Practitioner's registration as well as the contact details of the Ahpra case officer.
- I am aware that Ahpra will obtain a report from me at the conclusion of the education, and that this report may be provided to the Board and should include details of the dates education occurred, what the education comprised of and whether or not the Practitioner has, in my opinion, satisfactorily participated in and understood the education.

Signature <input type="text"/>	Date <input type="text"/>
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When completed, return this form to:

Case officer <input type="text"/>	Ahpra GPO Box 9958 IN YOUR CAPITAL CITY (<i>refer below</i>)
Email <input type="text"/>	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801