Form Number SE-5
Nominate education

Practitioner Details

<table>
<thead>
<tr>
<th>Monitoring &amp; Compliance number</th>
<th>Name (Last, First)</th>
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Practitioner’s declaration

By signing this form I acknowledge and confirm:

1. I have attached a copy of the curriculum of the nominated education.
2. The education I have nominated consists of the number of required hours and covers the topics required by the condition on my registration requiring that I undertake education.

Signature

Date

Return form to

Case officer

Email

Post