



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-6

Undertake education

Practitioner Details

Monitoring & Compliance number		Name (Last, First)	
--------------------------------	--	--------------------	--

Practitioner's declaration

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

1. AHPRA may contact the education provider to confirm the evidence I have provided, and
2. AHPRA may conduct an audit to ensure the education completed in compliance with the condition on my registration is not used as contribution to any current or future continuing professional development (CPD) period.

Signature

Date

Return form to

Case officer

Email

Post