



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-9

Complete re-entry to practice program  
Nursing and Midwifery Board of Australia

## Practitioner Details

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

By signing this form I acknowledge and confirm:

1. I have read and understood the definition of 'practice' as it relates to the conditions on my registration.
2. I am aware that I may only practise to undertake the clinical training required for the approved re-entry to practice program.

Signature

Date

## Return form to

Case officer

Email

Post