Supervised practice
Practitioner acknowledgement

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

Practitioner's Declaration
By signing this form I acknowledge and confirm:

1. That for the purposes of monitoring my compliance with the conditions on my registration requiring supervised practice AHPRA may obtain information and/or reports from:
   a. relevant authorities (such as, but not limited to Medicare and/or private health insurers)
   b. the senior person at each of my places of practice, and
   c. the approved supervisor(s).

2. AHPRA must be notified within two business days of any incident where, due to a medical emergency, I am unable to comply with the condition requiring supervised practice. I understand that:
   a. The circumstances must be such that compliance with the condition would directly affect my ability to provide care that would have a direct benefit to a patient in a medical emergency.
   b. A medical emergency is defined as an event where it is not possible or reasonable to have a patient with a serious or life threatening condition seen by another practitioner or transferred to the nearest hospital.
   c. AHPRA will treat any failure to notify non-compliance in the circumstances of a medical emergency within the requisite timeframe as a breach of the condition and will report such breach to the Board, who may take further action in relation to a breach of conditions.

Signature
Date

Return form to
Case officer
Email
Post
Supervised practice
Nomination of supervisor

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

Practitioner's Declaration
By signing this form I acknowledge and confirm:

1. The nominated person is not in a close collegiate, family, social, contractual or financial relationship with me.
2. The nominated supervisor has suitable training, experience, and/or qualifications in order to provide the supervision required.
3. I have provided the nominated supervisor with a copy of the conditions on my registration and the contact details of my AHPRA case officer.
4. In the event an approved supervisor is no longer willing or able to provide the supervision required by the condition on my registration requiring supervised practice, I must cease practise immediately and I must not resume practise until a new supervisor has been appointed and approved by the Board.
5. For the purposes of monitoring my compliance with the conditions on my registration requiring supervised practice AHPRA may obtain reports from an approved supervisor. These reports may be obtained or provided:
   a. on the timeframe indicated in the conditions on my registration limiting my practice
   b. when a senior person holds a concern or becomes aware of a concern about my competence, conduct or fitness to practice the profession, and
   c. at other times as required by AHPRA or the Board.

Practitioner’s signature
Date

Nominee Details
Name (Last, First)
Registration number
Place of Practice
Postal address
Email
Contact numbers

Return form to
Case officer
Email
Post
Supervised practice
Supervisor acknowledgement

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

Nominee Details
Name (Last, First)
Registration number
Place of Practice
Postal address
Email
Contact numbers

Nominee Declaration
By signing this form I acknowledge and confirm:

1. I hold unrestricted registration with the Board.
2. I am not in a close collegiate, family, social or financial relationship with the Practitioner.
3. I have been provided with a copy of the conditions on the Practitioner’s registration and the contact details of the Practitioner’s AHPRA case officer.
4. I have provided a copy of my curriculum vitae which demonstrates I have suitable training, experience and/or qualifications in order to provide the supervision required.
5. I know of no actual or perceived conflict of interest that would prevent me from acting as a supervisor if approved to do so.
6. I agree to provide reports to AHPRA or the Board as follows:
   a. in accordance with the timeframe outlined in the conditions on the Practitioner’s registration requiring supervised practice.
   b. whenever I have a concern or become aware of a concern regarding the Practitioner’s conduct or professional performance, and
   c. on request by AHPRA or the Board.
7. These reports are to specifically address the Practitioner’s compliance with the conditions on their registration requiring supervised practice and should in particular outline:
   a. that the supervision occurred at the level required by the conditions on the Practitioner’s registration
   b. any period of absence or any period of time where I was not otherwise able to provide supervision, and
   c. whether I have or am aware of any concerns about the Practitioner’s conduct, professional performance and/or fitness to practise.

Signature
Date

Return form to
Case officer
Email
Post
## Practitioner’s Details

<table>
<thead>
<tr>
<th>Monitoring &amp; Compliance number</th>
<th>Name (Last, First)</th>
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## Senior Person Details

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<thead>
<tr>
<th>Name (Last, First)</th>
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<tbody>
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<td>Position title</td>
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<td>Email</td>
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<tr>
<td>Contact numbers</td>
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</tbody>
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## Senior Person Declaration

By signing this form I acknowledge and confirm:

1. I have seen a copy of the conditions on the Practitioner’s registration, as demonstrated by my signature on the attached schedule of conditions.

2. I am aware that, for the purposes of monitoring the Practitioner’s compliance with the condition on their registration requiring supervised practice, AHPRA may request reports from me.

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<th>Signature</th>
<th>Date</th>
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## Return form to

<table>
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<tr>
<th>Case officer</th>
<th>Email</th>
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