



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

Form Number SE-11

Restricted Scope of Practice General and Specialist Registration Medical Board of Australia

Australian Health Practitioner Regulation Agency

Practitioner Details

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

By signing this form I acknowledge and confirm:

- a. I am aware that, when I am practising in my specialty, I am only permitted to practise within the scope of practice as set out in the restrictions on my registration.
- b. I am aware that for the purposes of monitoring my compliance with the restrictions on my registration, AHPRA may obtain or receive information from relevant authorities (such as but not limited to Medicare).

Signature

Date

Return form to

Case officer

Email

Post