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 confirm and acknowledge that I am aware:

1. I must complete the requisite period of supervised practice as determined by the Board and as detailed in my Return to Practice Plan (the plan).

2. I must provide progress reports to the Board as detailed in the plan, at a minimum of once every six months.

3. I must satisfactorily complete a final assessment of competence report.

4. I must provide at least one case report for every six months of full-time equivalent practice as a psychologist.

Signature  
Date

Return form to

Case officer  
Email  
Post