



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-4

Supervised Practice
Psychology Board of Australia

Practitioner Details

Monitoring & Compliance number		Name (Last, First)	
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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