



Alternate drug screening arrangements

Practitioner Declaration and Nomination**Practitioner's details**

Name

Monitoring & compliance number

Nominee's details

Name (Last, First)

Registration number

Place of practice

Postal address

Contact number

Email

Practitioner's declaration**By checking the following boxes and signing this form, I acknowledge and confirm:**

- ☐ I am aware of the hours of operation of the nominated collection agent.
- ☐ I am not in a social or familial relationship with the nominated collection agent and am not in a direct employment or contractual arrangement other than fees for collection services of samples for drug screening.
- ☐ I have provided a copy of the relevant Ahpra protocol either the *Ahpra Drug and Alcohol Screening Protocol*, for restrictions in place prior to 16 September 2024, or the *Ahpra Protocol: Screen for drugs*, for restrictions in place from 16 September 2024, and the training materials on how to collect urine and hair drug screening samples to the nominated collection agent.
- ☐ I have provided the contact details of my Ahpra case officer to the nominated collection agent.
- ☐ I authorise Ahpra and the National Pathology Provider to contact the nominated collection agent to monitor my compliance with the conditions or undertakings on my registration.
- ☐ I am aware that the nomination of an alternate collector for urine and hair drug screening must be approved by the National Board or its delegate, before I commence urine or hair drug screening using the nominated collection agent. Until I receive written approval of the nomination, I must continue to undertake urine and/or hair screening at an Ahpra-approved collection centre.
- ☐ I am aware that if urine or hair samples provided by me are found unsuitable for analysis or identify that I have been or may have been non-compliant with the conditions or undertakings on my registration, the approval of an alternate collection arrangement may be revoked.

Signature

Date

When completed, return this form to:

Compliance@ahpra.gov.au

IMPORTANT: please quote your monitoring and compliance number when submitting your forms to Ahpra

Ahpra

GPO Box 9958

IN YOUR CAPITAL CITY *(refer right)*

Sydney NSW 2001

Brisbane QLD 4001

Hobart TAS 7001

Canberra ACT 2601

Adelaide SA 5001

Darwin NT 0801

Melbourne VIC 3001

Perth WA 6001



Alternate drug screening arrangements

Nominated Collector Declaration**Practitioner's details**

Name

Monitoring & compliance number

Nominee's details

Name (Last, First)

Registration number

Place of practice

Postal address

Contact number

Email

Nominee's declaration**By checking the following boxes and signing this form, I acknowledge and confirm:**

- ☐ I am / We are aware of the nomination, consent to the nomination and are willing to act as the collection agent for urine and hair drug screening.
- ☐ I am / We are not in a social or familial relationship with the practitioner and not in a direct employment or contractual arrangement other than fees for collection services of samples for drug screening.
- ☐ I / We have read and understood the relevant Ahpra protocol, either the *Ahpra Drug and Alcohol Screening Protocol*, for restrictions in place prior to 16 September 2024, or the *Ahpra Protocol: Screen for drugs*, for restrictions in place from 16 September 2024.
- ☐ I am / We are available as required by the relevant Ahpra protocol to undertake drug screening:
- on a randomised basis for urine drug screening, and
 - by appointment for hair drug screening.
- ☐ I / We have read and understood the training materials on how to collect urine and hair drug screening samples.
- ☐ I / We agree to use the collection tools and receptacles for samples including sample labels provided by Ahpra.
- ☐ I / We agree to collect, store and transport all samples in accordance with the training materials provided by Ahpra.
- ☐ I / We have received the contact details of the practitioner's Ahpra case officer.
- ☐ I / We agree to notify Ahpra of any change in availability or willingness to undertake collections.

☐ I am / We are aware that I / We may be contacted by AHPRA to monitor the practitioner's compliance with the conditions imposed on their registration.

Signature	Date
<div></div>	<div></div>

When completed, return this form to:
Compliance@ahpra.gov.au

IMPORTANT: please quote your monitoring and compliance number when submitting your forms to Ahpra

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (*refer right*)

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001
Brisbane QLD 4001	Adelaide SA 5001	Perth WA 6001
Hobart TAS 7001	Darwin NT 0801	