Supervised practice

Practitioner’s declaration:

By signing this form, I acknowledge and confirm I am aware:

a. I must practise under supervision at the level of supervision in accordance with my approved supervised practice plan.

b. That approved practice locations will be published as a notation to the national register and all supervision must occur at these locations until the register is altered or a new level or approved practice location is published on the national register.

c. That Ahpra will obtain reports from the approved supervisor as indicated in the supervision plan.

d. That Ahpra may obtain reports from the senior person at each approved location.