Practitioner Details

Monitoring & Compliance number
Name (Last, First)

Practitioner’s declaration

In signing this form I acknowledge and confirm I am aware that:

1. AHPRA may contact the education provider to confirm the evidence I have provided, and

2. AHPRA may conduct an audit to ensure the education completed in compliance with the condition on my registration is not used as contribution to any current or future continuing professional development (CPD) period.

Signature
Date

Return form to

Case officer
Email
Post