



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-16

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 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.
5. I must pass the National Psychology Exam.

Signature

Date

## Return form to

Case officer

Email

Post