



Undertake breath alcohol testing, urine and hair drug screening Practitioner acknowledgement

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Practitioner's declaration

By checking the following boxes and signing this form, I acknowledge and confirm that I understand:

- the requirements of the Drug and Alcohol Screening Protocol in relation to breath alcohol testing and urine and hair drug screening.
- the conditions on my registration requiring urine and hair drug screening prohibit me from taking any substance, unless it has been prescribed, approved or administered by a nominated practitioner and I have declared this prescription, approval or administration to Ahpra. The nominated practitioner must not be a relative, friend, professional colleague or in a direct contractual or financial relationship with me.
- that, for the purpose of the conditions on my registration requiring urine and hair drug screening, 'substance' is defined as any illicit substance as well as any prescription only or any controlled drug or medication as contained in Schedule 4 or 8 in the Standard for the Uniform Scheduling of Medications and Poisons (the SUSMP) as amended from time to time and as published at <https://www.tga.gov.au>.
- the consumption of poppy seeds will not be accepted as an explanation for a positive drug screening result.
- the timeframe and frequency with which I must undertake urine and hair drug screening and that additional drug screening may be required.
- the process for step down or step up of drug screening frequency.
- I must attend an approved collection centre unless alternate collection arrangements, approved by the Board, are in place.
- I must only use pathology request forms provided by my case officer and I must not self-refer for drug screening.
- I must keep the head hair to be sampled at no less than 3cm length.
- I must accurately complete a Drug Information Sheet to accompany each urine or hair drug screen.
- I am responsible for ensuring the collector completes a Chain of Custody form at the time of sample collection.
- I must present photographic identification to the collector for each urine or hair drug screen.
- in relation to urine drug screening:
 - a. I must telephone the UDS telephone number each day
 - b. I know which screening group and frequency at which I must undertake urine drug screening
 - c. I must contact my Ahpra case officer in the event of a failure of the UDS telephone number
 - d. Collection of urine samples must occur under Level 1 supervision
 - e. In the event of a UDS result which indicates the presence of one or more substances, further confirmatory testing may be required, at my expense, and

- a urine sample will be considered dilute when it does not meet the requirements of the Drug and Alcohol Screening Protocol.
- a urine or hair drug screen result which indicates the presence of one or more substances where there is no declared prescription, approval or administration by a nominated practitioner for the substances detected will be considered a positive urine or hair drug screen.
- I must keep the head hair to be sampled at no less than 3 cm length.
- Ahpra may request and access from the senior person at each of my places of practice rosters, timesheets or similar information for the purposes of monitoring my compliance with the condition on my registration requiring breath alcohol testing.
- In relation to the breath alcohol testing device:
 - a. I am responsible for the purchase of an approved breath alcohol testing device
 - b. I must provide my case officer with the name and model number of the breath alcohol testing device purchased, along with proof of that purchase
 - c. the breath alcohol testing device must only be used in the sampling mode detailed in the protocol, and
 - d. the breath alcohol testing device must undergo a calibration check, using approved and accredited calibration standards and procedures, no less than every six months and I must provide Ahpra with evidence of this calibration whenever it occurs.
- In relation to breath alcohol testing and recording of results:
 - a. when a breath alcohol test is required
 - b. that every breath alcohol test must be administered by an approved breath alcohol test supervisor
 - c. I am required to keep a breath analysis logbook on the form provided
 - d. I am required to return the logbook as requested by my case officer, and
 - e. I am required to provide evidence of my actual work hours for a specified period as required by my case officer.
- In relation to breath alcohol test results:
 - a. a breath alcohol test will be considered positive if a test result is greater than 0.01% blood alcohol concentration (BAC)
 - b. if a breath alcohol test result greater than 0.01% BAC is returned, the breath alcohol test is to be readministered (the second testing) 15 minutes after the initial test
 - c. I must not practise until the second testing is complete and has returned a result of 0.01% BAC or below
 - d. I must not commence or recommence practise for 24 hours after any occasion where I have returned a positive BAC on the second testing e. any positive breath alcohol test must be notified to my case officer by phone during business hours or by fax/ email after hours f. I am responsible for the cost of any blood alcohol test I take to dispute the result of a positive breath alcohol test result, and
 - e. if I become aware I have failed to undertake a breath alcohol test when required I must cease practise immediately and must not recommence practise until I have undertaken a breath alcohol testing with an approved supervisor and provided a breath alcohol test result of 0.01% BAC or less.
 - f. Any missed breath alcohol test must be notified to my case officer, in writing, together with an explanation as to why the breath alcohol test did not occur as required
- Any missed breath alcohol test must be notified to my case officer, in writing, together with an explanation as to why the breath alcohol test did not occur as required.

Signature	Date
<input type="text"/>	<input type="text"/>

When completed, return this form to:

Case officer

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

Email

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



Undertake breath alcohol testing, urine and hair drug screening

Nomination of breath test supervisors

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Nominee's details

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>
Place of practice	
<input type="text"/>	
Postal address	
<input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

Practitioner's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- The nominated person is not in a close collegiate, family, social or financial relationship with me.
- I have provided the nominated person with:
- information regarding the operating procedure of the approved breath testing device
 - a copy of the conditions on my registration
 - a copy of the Drug and Alcohol Screening protocol, and
 - the contact details of my Ahpra case officer.

Signature	Date
<input type="text"/>	<input type="text"/>

When completed, return this form to:

Case officer

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

Email

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001
Brisbane QLD 4001	Adelaide SA 5001	Perth WA 6001
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Undertake breath alcohol testing, urine and hair drug screening
Practitioner's declaration of current substances

Practitioner's details

Name Monitoring & compliance number

Prescribed medications

The following substances are all the current substances prescribed, approved and/or administered to me:

Substance 1 Dose

Frequency Number of repeats Date of last prescription

Name of prescribing practitioner

Place of practice of prescribing practitioner

Contact number Email

Substance 2 Dose

Frequency Number of repeats Date of last prescription

Name of prescribing practitioner

Place of practice of prescribing practitioner

Contact number Email

Substance 3

Dose

Frequency

Number of repeats

Date of last prescription

Name of prescribing practitioner

Place of practice of prescribing practitioner

Contact number

Email

Substance 4

Dose

Frequency

Number of repeats

Date of last prescription

Name of prescribing practitioner

Place of practice of prescribing practitioner

Contact number

Email

Substance 5

Dose

Frequency

Number of repeats

Date of last prescription

Name of prescribing practitioner

Place of practice of prescribing practitioner

Contact number

Email

Attach additional pages if more substances need to be declared.

Practitioner's declaration

By checking the following boxes and signing this form, I acknowledge and confirm that I understand:

- the requirements of the Drug and Alcohol Screening Protocol in relation to hair drug screening.
- the conditions on my registration requiring hair drug screening prohibit me from taking any substance, unless it has been prescribed, approved or administered by a nominated practitioner and I have declared this prescription, approval or administration to Ahpra. The nominated practitioner must not be a relative, friend, professional colleague or in a direct contractual or financial relationship with me.
- that, for the purpose of the conditions on my registration requiring hair drug screening, 'substance' is defined as any illicit substance as well as any prescription only or any controlled drug or medication as contained in Schedule 4 or 8 in the Standard for the Uniform Scheduling of Medications and Poisons (the SUSMP) as amended from time to time and as published at <https://www.tga.gov.au>.
- the information above is true, accurate and sets out the details of all current substances I am taking, along with the details of all the practitioners who have or are likely to prescribe, approve or administer substances to me.
- within three days of the prescription, administration or approval of any substance not previously declared I must provide the details of this substance and the practitioner who prescribed, approved or administered this substance to Ahpra, on the approved form (HPF4).
- for the purposes of monitoring my compliance with the condition on my registration requiring hair drug screening AHPRA may:
 - a. contact the nominated practitioners to confirm the prescription, approval or administration, and
 - b. contact and access information from Medicare Australia and/or local drugs and poisons authorities.

Signature

Date

When completed, return this form to:

Case officer

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

Email

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



Undertake breath alcohol testing, urine and hair drug screening
Nominee acknowledgement

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Nominee's details

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>
Place of practice <input type="text"/>	
Postal address <input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

Nominee's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- I am prepared to act as an approved person to supervise breath alcohol testing.
- I have provided a copy of my curriculum vitae.
- I have provided a sample specimen of my signature, along with proof of my identity (such as a certified copy of a valid driving license or passport).
- I am not in a close collegiate, family, social or financial relationship with the Practitioner.
- I have received a copy of the conditions on the Practitioner's registration as well as the contact details of the Ahpra case officer.
- I have received a copy of Ahpra's Drug and Alcohol Screening Protocol and understand the requirements in relation to alcohol breath testing:
 - a. when alcohol breath testing is to be undertaken
 - b. that I may, at my discretion, request the Practitioner undertake an alcohol breath test at any other time for any other reason
 - c. the requirement to keep and maintain a logbook of breath alcohol test results, and
 - d. what constitutes a positive breath alcohol test and what action is to be taken in relation to a positive breath alcohol test.

- I have been provided with and understood information on the operating procedure of the breath-testing device.
- I will, in the event of any and all positive breath alcohol tests or a refusal by the Practitioner to undertake breath alcohol testing, notify the Ahpra case officer as soon as practicable.

Signature <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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When completed, return this form to:	
Case officer <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Ahpra GPO Box 9958 IN YOUR CAPITAL CITY (<i>refer below</i>)
Email <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801



Undertake breath alcohol testing, urine and hair drug screening
Senior person acknowledgement

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Nominee's details

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>

Place of practice

Postal address

Contact number	Email
<input type="text"/>	<input type="text"/>

Nominee's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- I have seen a copy of the conditions on the Practitioner's registration, as demonstrated by my signature on the attached schedule of conditions.
- I am aware that, for the purposes of monitoring the Practitioner's compliance with the condition on their registration requiring breath alcohol testing, AHPRA may request and access from me rosters, timesheets or similar information in order to establish the Practitioner's hours of work

Signature	Date
<input type="text"/>	<input type="text"/>

When completed, return this form to:

Case officer

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

Email

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