



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-21

Undertake MSF-CFEP  
Medical practitioners

## Practitioner Details

Monitoring & Compliance number		Name (Last, First)	
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## Practitioner's declaration

In signing this form I confirm and acknowledge:

- a. I am aware the Board will seek information from the Client Focused Evaluations program on the outcome of the process and my results.
- b. I am aware the Board expects me to incorporate any recommendations from the process into my practice.

Signature

Date

## Return form to

Case officer

Email

Post