



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-5

Nominate education

Practitioner Details

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

By signing this form I acknowledge and confirm:

1. I have attached a copy of the curriculum of the nominated education.
2. The education I have nominated consists of the number of required hours and covers the topics required by the condition on my registration requiring that I undertake education.

Signature

Date

Return form to

Case officer

Email

Post

