



Application for exemption from continuing professional development

Profession: Optometry

The Health Practitioner Regulation National Law (the National Law)

The Optometry Board of Australia's (the Board) continuing professional development (CPD) registration standard requires all practitioners, except those with non-practising or student registration, to complete at least:

- 20 hours of CPD activities in each full registration period, and
- training in cardiopulmonary resuscitation within the previous three registration periods.


Practitioners who hold an endorsement in scheduled medicines must complete an additional 10 hours of CPD in relation to the endorsement.

Practitioners who register part-way through a registration period must complete five hours of CPD for every three months of registration remaining in the registration period.

The Board has designed the standard to be flexible and able to be met by all practitioners except when exceptional circumstances exist.

The Board may grant a full or partial exemption or variation from the CPD requirements in exceptional circumstances where there is compelling evidence that the circumstances have prevented you from practising and created a significant obstacle to your ability to complete CPD. The Board takes the individual circumstances of each application into consideration when it decides whether to grant an exemption from CPD.

For more information about what circumstances the Board considers a significant obstacle to completing CPD, see the CPD guidelines and other supporting material published by the Board.




 **Your application for an exemption should be submitted as soon as possible after you identify the need for the exemption.**

Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.


By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy

Symbols in this form

-  **Additional information**
Provides specific information about a question or section of the form.
-  **Attach document(s) to this form**
Processing cannot occur until all required documents are received.
-  **Signature required**
Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:

 Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Personal details

1. What are your personal details?

Title
 MR MRS MISS MS DR OTHER

Family name

First given name

Middle name(s)

Previous names known by (e.g. maiden name)

Registration number



2. What are your contact details?

Provide your current contact details below – place an next to your preferred contact phone number.

Business hours

Mobile

After hours

Email

3. What is your residential address?

i When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State or territory (e.g. VIC, ACT)/**International province***

Postcode/ZIP*

Country (if other than Australia)

SECTION B: Exemption details

4. How many hours of exemption are you requesting?

i A full exemption is 20 hours or 30 hours if you hold a scheduled medicines endorsement.

Number of hours of exemption requested

hours

5. Are you requesting an exemption from the training in cardiopulmonary resuscitation requirement?

i You must complete CPR training once in every three registration periods.

YES

NO

6. From what date did the exceptional circumstances start?

Starting date of exceptional circumstances

/ /

7. Have the exceptional circumstances ended?

YES

NO The exceptional circumstances are ongoing.

Date the exceptional circumstances ended

/ /

8. What date did you cease practice?

Date you ceased practice

/ /



9. Have you recommenced practice?

YES

NO I have not recommenced practice.

Date you recommenced practice

DD / MM / YYYY

10. Please describe the exceptional circumstances and how they have prevented you, or will prevent you, from practising and completing the required CPD hours and/or CPR requirement.



You must include as much supporting evidence with your application as possible. Evidence may include:

- medical reports or certificates
- death certificates or correspondence from a medical practitioner or other relevant authority
- letters from your employer regarding absence from practice, or
- statutory declaration or other proof relevant to the circumstances identified in your request.

Details of the exceptional circumstances

Large text area with horizontal dashed lines for describing exceptional circumstances.



Attach a separate sheet if all your details do not fit within the space provided.

11. Please include any other relevant information that you wish the Board to consider.

Additional information for Board consideration

Large text area with horizontal dashed lines for providing additional information for Board consideration.



Attach a separate sheet if all your details do not fit within the space provided.

Signature

Date



SIGN HERE

DD / MM / YYYY

Please post this form to:

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

You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

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