



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

Form Number SE-13

Supervised Practice and CPD
(Pharmacists)

Australian Health Practitioner Regulation Agency

Practitioner Details

Monitoring & Compliance number		Name (Last, First)	
--------------------------------	--	--------------------	--

Practitioner's Declaration

By signing this form I acknowledge and confirm that I am aware that:

- a. I must always practise as a pharmacist under the supervision of another pharmacist
- b. only hours spent practising under a Board approved supervised practice arrangement, in accordance with the Board's Registration Standard: Supervised practice arrangements, after receiving Board approval may be counted towards the supervised practice hours required by condition 1(b) on my registration
- c. at the completion of the requisite supervised practice hours I must provide evidence of successful completion of these hours in a format specified by the Board
- d. all CPD must be undertaken in accordance with the Board's Registration Standard: Continuing professional development, and
- e. the CPD plan referred to condition 1(c) on my registration must be updated to include the following information for each activity undertaken:
 - I. start and finish date of activity
 - II. source or provider
 - III. type of activity
 - IV. topics covered during activity
 - V. accreditation status
 - VI. CPD activity group
 - VII. number of Board CPD credits assigned, and
 - VIII. how the activity will impact on my practice.

Signature

Date

Return form to

Case officer

Email

Post