



Supervised practice:

Practitioner acknowledgement

Completing this form

• Print clearly in **BLOCK LETTERS**

• Place X in **all** applicable boxes:

Practitioner's details

Monitoring & Compliance number

Name (Last name, first name)

Practitioner's declaration

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

- I must not practise until the National Board has approved my supervision arrangements in writing.
- I must only practise in accordance with the approved supervision requirements.
- That for the purposes of monitoring my compliance with the conditions on my registration requiring supervised practice Ahpra may obtain information and/or reports from:
- relevant authorities (such as, but not limited to Medicare and/or private health insurers)
 - the senior person at each of my places of practice, and
 - the approved supervisor(s).
- Ahpra must be notified within two business days of any incident where, due to a medical emergency, I am unable to comply with the condition requiring supervised practice. I understand that:
- The circumstances must be such that compliance with the condition would directly affect my ability to provide care that would have a direct benefit to a patient in a medical emergency.
 - A medical emergency is defined as an event where it is not possible or reasonable to have a patient with a serious or life threatening condition seen by another practitioner or transferred to the nearest hospital.
 - Ahpra will treat any failure to notify non-compliance in the circumstances of a medical emergency within the requisite timeframe as a breach of the condition and will report such breach to the Board, who may take further action in relation to a breach of conditions.

Date

 / /

Signature



SIGN HERE

When completed, return this form to:

Case officer

Email

Ahpra

GPO Box 9958

IN YOUR CAPITAL CITY (refer below)

Sydney NSW 2001

Brisbane QLD 4001

Hobart TAS 7001

Canberra ACT 2601

Adelaide SA 5001

Darwin NT 0801

Melbourne VIC 3001

Perth WA 6001