



## Complete a Board-directed program of education: Practitioner acknowledgement

### Completing this form

- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- If available on your computer or device, you may be able to complete and sign this form electronically. Otherwise, print, complete, sign and return a scan or clear photo of the form.

### Collection of personal information and health information

We are committed to protecting your personal information. The ways in which we may collect use and disclose your information are set out in our [Privacy policy](#).

Further information regarding [Ahpra's privacy, Freedom of information and information publication scheme](#) is available on Ahpra's website.

### Practitioner details

Practitioner legal name

Compliance or registration number

### Practitioner's acknowledgement

By signing this form, I acknowledge and confirm I have read and understood the restrictions imposed on my registration, the *Ahpra Protocol: Board-directed education* and, if required, and the *Ahpra Protocol: Audit*.

Date

 /  / 

Signature



SIGN HERE

**When completed, return this form to [compliance@ahpra.gov.au](mailto:compliance@ahpra.gov.au)**

You may contact Ahpra on 1300 419 495