



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-19

Restricted scope of practice
Medical practitioners – Non-specialist position

Practitioner Details

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

Practitioner's declaration

By signing this form I acknowledge and confirm:

- a. I am aware that I may only practise in the specialty indicated in the restrictions on my registration in a non-specialist position.
- b. I am aware AHPRA may seek reports and/or information from the senior person at each and every place I practise in a non-specialist position.
- c. I am aware that AHPRA may receive or obtain information from relevant authorities for the purposes of monitoring my compliance with the restrictions on my registration.
- d. I am aware that I am not able to use the title of 'specialist' as described in the restrictions on my registration.

Signature

Date

Return form to

Case officer

Email

Post