



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-1

Supervised practice

Practitioner Details

Monitoring & Compliance number		Name (Last, First)	
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Practitioner's declaration

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

1. I must only practise under supervision and at the level of supervision in accordance with the approved Supervised Practice Plan
2. That the level of supervision and approved practice locations will be published as a notation on my registration on the national register
3. That the level of supervision and practice location may not be altered until a new level/location is published.
4. That AHPRA will receive reports from an approved supervisor as indicated in the supervision plan.
5. That AHPRA may, for the purposes of monitoring my compliance with the restrictions on my registration, obtain reports from the senior person at each approved practice location.

Signature

Date

Return form to

Case officer

Email

Post