



Restricted practice for medical practitioners  
with general registration (without rotations)

## 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 (first and last)

Compliance or registration number

### Practitioner's declaration

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

- I am aware that I may only practise in the specialty indicated in the restrictions on my registration in a non-specialist position.
- 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.
- 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.
- I am aware that I am not able to use the title of 'specialist' as described in the restrictions on my registration.
- I understand and agree that Ahpra may use, collect and disclose my information in accordance with the [Privacy Policy](#).

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