Ahpra & National Boards

Complete a period of supervised practice for pharmacists:

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 declaration

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

- ☐ I have read and understood the restriction and the Pharmacy Board of Australia's *Registration Standard: Supervised practice arrangements*.
- ☐ I am aware that I must only practise as a pharmacist under the supervision of an approved preceptor.
- ☐ I am aware that I must declare any actual or perceived conflicts of interest that may undermine the preceptor's role. I understand that a conflict of interest may arise from being in a collegiate, family, social or financial relationship which could compromise the nominee's judgment, decisions, or actions in performing their nominated role. If requested by Ahpra, I understand I must provide information on how I will manage the conflict.
- ☐ I understand that in the event an approved preceptor is no longer willing or able to provide the supervision required by the restrictions I must cease practise immediately and notify Ahpra of the termination of the supervision arrangement. I must not recommence practise until a new supervised practice arrangement is approved in accordance with the Pharmacy Board of Australia's *Registration Standard: Supervised practice arrangements*
- ☐ I have read and understood the restrictions and the Pharmacy Board of Australia's *Registration Standard: Supervised practice arrangements*.
- ☐ I have been provided the contact details of the Ahpra case officer or team.
- ☐ I understand and agree that Ahpra may use, collect and disclose my information in accordance with the Privacy Policy.

Date

D D / M M / Y Y Y Y

Signature

SIGN HERE

When completed, return this form to compliance@ahpra.gov.au

You may contact Ahpra on 1300 419 495