



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-14

Supervised Practice, CPD and oral
examinations (Pharmacists)

Practitioner Details

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

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

- a. I must always practise as a pharmacist in the presence of another supervising pharmacist
- b. only hours undertaken in accordance with the Supervised practice arrangement approved by the Board may be counted towards supervised practice hours required in condition 1(b) on my registration
- c. at the completion of the requisite supervised practice hours I must provide evidence of successful completion of these hours in a format specified by the Board
- d. all CPD must be undertaken in accordance with the Board's Registration Standard: Continuing professional development
- e. the CPD plan referred to condition 1(c) on my registration must be updated to include the following information for each activity undertaken:
 - I. start and finish date of activity
 - II. source or provider
 - III. type of activity
 - IV. topics covered during activity
 - V. accreditation status
 - VI. CPD activity group
 - VII. number of Board CPD credits assigned
 - VIII. how the activity will impact on my practice, and
- f. the examination(s) requirement for condition 1(e) on my registration must be undertaken in accordance with the Board's Registration Standard: Examinations for Eligibility for General Registration.

Signature

Date

Return form to

Case officer

Email

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