




AHPRA Reference

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Supervised practice

Practitioner's declaration:

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

- a. I must practise under supervision at the level of supervision in accordance with my approved supervised practice plan.
- b. That approved practise locations will be published as a notation to the national register and all supervision must occur at these locations until the register is altered or a new level or approved practice location is published on the national register.
- c. That Ahpra will obtain reports from the approved supervisor as indicated in the supervision plan.
- d. That Ahpra may obtain reports from the senior person at each approved location.

S I G N H E R E

D A T E

Australian Health Practitioner Regulation Agency
National Boards

GPO Box 9958 Melbourne VIC 3001 Ahpra.gov.au 1300 419 495