



## Supplementary information form

Type: **Recency of practice**

Profession: **Occupational Therapy**

The Occupational Therapy Board of Australia (the Board) requires practitioners to maintain competence to practise. The Board requires that a minimum of 750 hours of practice in the previous five years, 450 hours of practice in the previous three years or 150 hours of practice in the previous 12 months to be undertaken prior to commencement of the registration period.

The Board's assessment of applications and renewals that do not meet the recency of practice requirement will take into account a range of items. Practitioners requiring such an assessment are invited to complete the following template and submit it with their application form.

Practitioners must read the Board's *Registration standard: Recency of practice* before completing this form. The full registration standard is available at [www.occupationaltherapyboard.gov.au/Registration-Standards/Recency-of-practice](http://www.occupationaltherapyboard.gov.au/Registration-Standards/Recency-of-practice).

### Details of applicant

Full name

Email

Registration number

                    

### Recency of practice

#### Registration and practice history



Please attach your curriculum vitae in the standard format specified by the Australian Health Practitioner Regulation Agency (Ahpra) at [www.ahpra.gov.au/cv](http://www.ahpra.gov.au/cv).

#### Period of absence from the profession



Please attach a separate sheet with additional details that do not fit within the space provided.

#### Activities related to the practice of occupational therapy undertaken during the previous five years



Please attach a separate sheet with additional details that do not fit within the space provided.



**CPD completed during your absence from practice**



Please attach a separate sheet with additional details that do not fit within the space provided.

**Evidence (including structure and content) of any additional study undertaken or qualifications obtained during the period of absence**

Please provide information of how this additional study relates to occupational therapy practice.



Please attach a separate sheet with additional details that do not fit within the space provided.

**Your intended field of practice, including the role and position proposed, the level of risk associated with your proposed practice, any CPD or education proposed in relation to the role, and access to supervision.**



Please attach a separate sheet with additional details that do not fit within the space provided.

Complete this form and submit it as a hard copy (with the relevant attachments where necessary) with your application form or registration renewal form, to Ahpra in your capital city. Following the assessment of your application, you may be required to provide further information.

Full name of applicant

Date

DD / MM / YYYY

Signature of applicant



SIGN HERE