



# Clinical studies submission form

Type: **Endorsement for scheduled medicines - Pathway B**

Profession: **Podiatry**

This form is to be used by registered podiatrists and podiatric surgeons who are undertaking a period of supervised practice under Pathway B of the Podiatry Board of Australia's (Board) Registration standard: Endorsement for scheduled medicines as a cover sheet for submitting clinical studies to the Board for initial assessment.

**As required by the Board's Registration standard: Endorsement for scheduled medicines, when you have completed a minimum of 25 hours of supervised practice you must submit three clinical studies to the Board for assessment.**

Each clinical study must be signed by your mentor, have a prescription attached, and include a brief report from you which outlines which of the prescribing competencies are demonstrated in the clinical study.

The clinical studies must meet the requirements set out in the Board's *Guidelines: Endorsement for scheduled medicines* which can be obtained from the Board's website [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au)

The Board will advise you whether the clinical studies are satisfactory. You must have three clinical studies assessed as satisfactory by the Board by the time you complete your period of supervised practice.

## SECTION A: Your details

### 1. What are your details?

Name

Registration number

Email

## SECTION B: Details of your supervised practice

### 2. What date did you apply to commence supervised practice and submit:

- evidence of your approved qualification in podiatric therapeutics (or equivalent)
- evidence of successful completion of 15 approved online case studies, and
- a signed mentor agreement?

Date

### 3. What date were you advised in writing that the Board was satisfied you have met the prerequisites for supervised practice?

Date



## SECTION C: Clinical study details

4. Is this the first time you have submitted clinical studies for initial assessment?

YES ☐

NO ☐ [Go to the next question](#)

**Attachment required – then go to Section D: Practitioner declaration**



You **must** attach three clinical studies.

5. How many clinical studies are you submitting?

Number of clinical studies

6. How many clinical studies have you previously submitted to the Board for initial assessment?

Number of clinical studies

7. How many clinical studies have been assessed as satisfactory and returned to you for submission in your portfolio when you apply to have your registration endorsed?

Number of clinical studies



Attach your clinical studies that have been signed by your mentor, together with a completed prescription for each clinical study.

## SECTION D: Practitioner declaration

I declare that the attached clinical study/studies are my own work and developed by me during my period of supervised practice.  
I have kept a copy of the clinical study/studies for my records.

Name of practitioner

Date

Signature of practitioner



SIGN HERE



**Do not email this form.**

Please submit this completed form and supporting evidence using the Online Upload Service at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload).  
You may contact Ahpra on 1300 419 495