



## Change of mentor 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* and want to advise the Board that they have changed their mentor and are submitting a new signed mentor agreement.

You should refer to the Board's *Guidelines: Endorsement for scheduled medicines* (Appendix 1) for information about mentors. The guidelines can be found on the Board's website [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au).

### 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: Details of your new mentor

### 4. What is your new mentor's profession?

Mark only one box below

☒ Podiatrist or podiatric surgeon with endorsement for scheduled medicines

#### Provide your new mentor's details below

Name of your new mentor

Date new mentor agreement signed

 /  / 

Years holding endorsement for scheduled medicines



Attach a copy of your new signed and dated mentor agreement.

☒ Medical practitioner

#### Provide your new mentor's details below

Name of your new mentor

Date new mentor agreement signed

 /  / 

Years of clinical experience in use and prescribing of scheduled medicines



Attach a copy of your new signed and dated mentor agreement.

## SECTION D: Practitioner declaration

I declare that the information in this form is true and correct.

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