



# Application to commence supervised practice

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

Profession: **Podiatry**

Division 8 of the Health Practitioner Regulation National Law (the National Law)

This form is to be used to apply to the Podiatry Board of Australia (Board) to commence a period of supervised practice under Pathway B of the Board's *Registration standard: Endorsement for scheduled medicines*.

Applicants **must** have current general or specialist registration in order to undertake a period of supervised practice under Pathway B.

All applicants are required to lodge an application to commence a period of supervised practice and submit the following:

- evidence that you hold an approved qualification in podiatric therapeutics (or equivalent) that is not more than seven years old
- evidence of having successfully completed 15 approved online case studies (completed not more than three years before), and
- a signed mentor agreement.

The Board's website contains information about:

- the approved qualifications in podiatric therapeutics for endorsement for scheduled medicines under Pathway B, and
- the process for assessing whether qualifications are substantially equivalent to, or based on similar competencies to, an approved qualification in podiatric therapeutics.

Incomplete applications may delay commencement of supervised practice.

**You cannot commence your period of supervised practice under Pathway B until you have been advised in writing that the Board is satisfied you have met the prerequisites for supervised practice.**

It is important that you refer to the Board's *Registration standard: Endorsement for scheduled medicines* and guidelines when completing this form. These can be found at [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au)



**This application will not be considered unless it is complete and all supporting documentation has been provided.** Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

## Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

## Symbols in this form



### Additional information

Provides specific information about a question or section of the form.



### Attention

Highlights important information about the form.



### Attach document(s) to this form

Processing cannot occur until all required documents are received.



### Signature required

Requests appropriate parties to sign the form where indicated.

## Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black or blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: ☒
- **DO NOT** send original documents.



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

## SECTION A: Personal details



The information items in this section of the application marked with an asterisk (\*) will appear on the public register.

### 1. What is your name?

Title*	MR <input type="checkbox"/>	MRS <input type="checkbox"/>	MISS <input type="checkbox"/>	MS <input type="checkbox"/>	DR <input type="checkbox"/>	OTHER <input type="text" value="SPECIFY"/>
Family name*						
<input type="text"/>						
First given name*						
<input type="text"/>						
Middle name(s)*						
<input type="text"/>						
Previous names known by (e.g. maiden name)						
<input type="text"/>						

If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board. For more information, see *Change of name* in the *Information and definitions* section of this form.

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### 10. What are the details of your approved online case studies?

#### Details of approved online case studies

Name of institution (University/College/Examining body)

Completion date

 / 

### 11. What is the profession of your mentor?

#### Mark one only

☒ Podiatrist or podiatric surgeon with endorsement for scheduled medicines

#### Provide details of your mentor and mentor agreement below

Name of your mentor

Date mentor agreement signed

 /  / 

Years holding endorsement for scheduled medicines

☒ Medical practitioner

#### Provide details of your mentor and mentor agreement below

Name of your mentor

Date mentor agreement signed

 /  / 

Years of clinical experience in use and prescribing of scheduled medicines



You **must** attach certified copies of the following documents:

- an approved qualification in podiatric therapeutics OR evidence that your qualification has been assessed as substantially equivalent to, or based on similar competencies to, an approved qualification in podiatric therapeutics
- evidence of successful completion of 15 approved online case studies, and
- a signed mentor agreement.

## SECTION D: Applicant's declaration



**Supervised practice can only commence once this application has been approved.** The applicant will receive notification from Ahpra of the outcome of this application.

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

I confirm that I will not commence my period of supervised practice until I receive advice from Ahpra that my application has been approved.

Name of applicant

Date

 /  / 

Signature of applicant



SIGN HERE



## SECTION E: Checklist

Have the following items been attached or arranged, if required?

<i>Additional documentation</i>		Attached
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 3</b>	Your application for general or specialist registration	<input type="checkbox"/>
<b>Question 8</b>	A certified copy of your original academic transcript and testimony or certificate that indicates completion of the qualification mentioned in this form	<input type="checkbox"/>
<b>Question 9</b>	A certified copy of the result of your assessment	<input type="checkbox"/>
<b>Section C</b>	Certified copy of approved qualification in podiatric therapeutics OR certified copy of assessment about equivalence to an approved qualification in podiatric therapeutics	<input type="checkbox"/>
<b>Section C</b>	Evidence of completion of 15 online case studies	<input type="checkbox"/>
<b>Section C</b>	Signed mentor agreement	<input type="checkbox"/>



**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

## Information and definitions

### CERTIFYING DOCUMENTS

**DO NOT send original documents.**

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at [www.ahpra.gov.au/registration/registration-process](http://www.ahpra.gov.au/registration/registration-process)
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit [www.ahpra.gov.au/certify.aspx](http://www.ahpra.gov.au/certify.aspx)
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload). Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at [www.ahpra.gov.au/certify.aspx](http://www.ahpra.gov.au/certify.aspx)

### CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted)
- Deed poll
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.