



## Application for extension of time to complete period of supervised practice

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 apply for an extension of time to complete their period of supervised practice.

You should refer to the Board's *Policy: Endorsement for scheduled medicines - Extension of time to complete period of supervised practice under Pathway B* (Policy) when completing this form. The policy can be found on the Board's website [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au).

The Board will advise you whether your application is successful.

### Your details

Name	Registration number
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	

### Details of your supervised practice

**What date did you apply to commence supervised practice and submit evidence of your approved qualification in podiatric therapeutics (or equivalent), completion of 15 approved online case studies, and a signed mentor agreement?**

**What date were you advised in writing that the Board was satisfied that you had met the prerequisites for supervised practice?**

As required by the guidelines, the period of supervised practice is to be completed within 12 months of this date.

### Reason for request for extension of time to complete period of supervised practice

As noted in the Board's Policy, you must provide evidence that your personal circumstances prevented you from completing the period of supervised practice in a 12 month period and depending on the particular circumstances, the type of supporting evidence that would be required may include certified copies of medical reports.

**Explain the nature of the exceptional circumstances that prevent you from completing the minimum of 150 hours of supervised practice in a 12 month period.**



Please attach copies of your supporting evidence, and a sheet with any additional details that do not fit in the space provided.

**Practitioner declaration**

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

Practitioner signature

Date

**Please post this form with  
required attachments to:**

**AHPRA**  
**GPO Box 9958**  
**IN YOUR CAPITAL CITY** *(refer below)*

You may contact AHPRA on  
1300 419 495 or you can lodge an enquiry  
at [www.ahpra.gov.au](http://www.ahpra.gov.au)

Sydney NSW 2001  
Adelaide SA 5001

Canberra ACT 2601  
Perth WA 6001

Melbourne VIC 3001  
Hobart TAS 7001

Brisbane QLD 4001  
Darwin NT 0801