



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



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.

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.

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 unless specified.**



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 MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

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.



2. What are your birth details?

Date of birth
 / /
Country of birth

3. Do you currently hold general or specialist registration with the Board?

YES

Please provide your registration number below

Registration number*

NO



You **must** attach your application for general or specialist registration.

SECTION B: Contact information

4. What are your contact details?

Provide your current contact details below – place an next to your preferred contact phone number.

Business hours **Mobile**

After hours

Email

5. What is your residential address?



Residential address cannot be a PO Box.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State or territory (e.g. VIC, ACT)/**International province*** **Postcode/ZIP***

Country (if other than Australia)



6. What is your mailing address?

My residential address

Your mailing address is used for postal correspondence

Other (*Provide your mailing address below*)

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)/**International province** **Postcode/ZIP**

Country (if other than Australia)

SECTION C: Supporting documents

7. What are the details of your qualification in podiatric therapeutics?

Qualification for endorsement for scheduled medicines under Pathway B

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date

/ /

8. Is your qualification an approved qualification in podiatric therapeutics?

YES NO *Go to the next question*

Attachment required – then go to question 10

You **must** attach a certified copy of your original academic transcript and testimony or certificate that indicates completion of the qualification mentioned in this form.

9. Is your qualification in podiatric therapeutics one that has been assessed as substantially equivalent to, or based on similar competencies to, an approved qualification in podiatric therapeutics?

YES You **must** attach a certified copy of the result of your assessment.

NO **You cannot proceed with this application.** The Board's website contains information about the process for having your qualification assessed to determine if it is substantially equivalent to, or based on similar competencies to, an approved qualification in podiatric therapeutics.



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
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 3	Your application for general or specialist registration	<input type="checkbox"/>
Section C	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"/>
Section C	Evidence of completion of 15 online case studies	<input type="checkbox"/>
Section C	Signed mentor agreement	<input type="checkbox"/>

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

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
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify
- 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, 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 in hard copy by mail or in person (not by fax, email, etc). 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

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.

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

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801