



Application for extension of time to complete period of supervised practice

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

Profession: **Podiatry**

Part 7 Division 8 of the Health Practitioner Regulation National Law (the National Law)

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

The Board will advise you whether your application is successful.

SECTION A: Your details

1. What are your details?

Name

Registration number

Email

SECTION B: Details of your supervised practice

2. 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

Date

3. Have you submitted clinical studies for initial assessment?

YES

NO

4. How many hours of supervised practice have you completed?

Hours

5. When do you expect to complete your supervised practice and submit your application for endorsement for scheduled medicines?

Date



SECTION C: 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.

6. 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.


Large empty text area with horizontal dotted lines for writing the response.



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

SECTION D: Practitioner declaration

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

Name of practitioner	Signature of practitioner
<input type="text"/>	 SIGN HERE
Date	
DD / MM / YYYY	



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.
You may contact Ahpra on 1300 419 495

