



# Application for exemption from continuing professional development

Profession: Chinese medicine

The Health Practitioner Regulation National Law (the National Law)

The Chinese Medicine Board of Australia's (the Board) continuing professional development (CPD) registration standard requires all practitioners, except those with non-practising or student registration, to complete at least:

- 20 hours of CPD activities in each full registration period, or
- 5 hours for every three months of registration remaining in the registration period if you register part way through the registration period.

The Board has designed the standard to be flexible and able to be met by all practitioners except when exceptional circumstances exist.

The Board may grant a full or partial exemption or variation from the CPD requirements in exceptional circumstances where there is compelling evidence that the circumstances have prevented you from practising and created a significant obstacle to your ability to complete CPD. The Board takes the individual circumstances of each application into consideration when it decides whether to grant an exemption from CPD.

For more information about what circumstances the Board considers a significant obstacle to completing CPD, see the CPD guidelines and other supporting material published by the Board.



Your application for an exemption should be submitted as soon as possible after you identify the need for the exemption.

# **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.



#### 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 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

What are your personal details?

Title  MR MRS MISS MS DR OTHER SPECIFY  Family name											
First given name											
Middle name(s)											
Previous names known by (e.g. maiden name)											
Registration number											
C M R											

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2.	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
3.	What is your residential address?  When you are not yet practising, or when you are not practising the profession predominantly at one address:  your residential address will be recognised as your principal place of practice, and  the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.  Refer to the question below for the definition of principal place of practice.  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)
	SECTION B: Exemption of	details
4.	How many hours of exemption are you requesting?  A full exemption is 20 hours.	Number of hours of exemption requested hours
5.	From what date did the exceptional circumstances start?	Starting date of exceptional circumstances  DDD / MM / YYYYY
6.	Have the exceptional circumstances ended?	YES NO The exceptional circumstances are ongoing.  Date the exceptional circumstances ended  D D / M M / Y Y Y Y
7.	What date did you cease practice?	Date you ceased practice  D D / MM / Y Y Y Y
8.	Have you recommenced practice?	YES NO I have not recommenced practice.

Effective from: 19 December 2019

Date you recommenced practice

ECPD-86

 Please describe the exceptional circumstances and how they have prevented you, or will prevent you, from practising and completing the required CPD hours in the registration period.

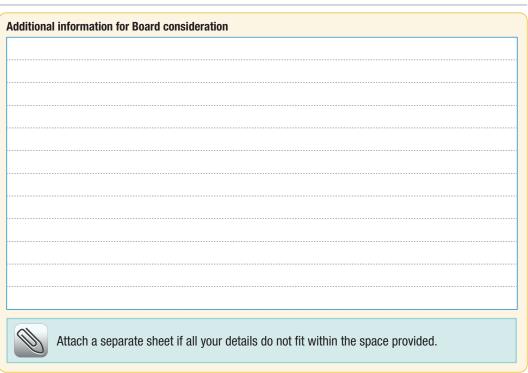


You must include as much supporting evidence with your application as possible. Evidence may include:

- medical reports or certificates
- · death certificates or correspondence from a medical practitioner or other relevant authority
- · letters from your employer regarding absence from practice, or
- statutory declaration or other proof relevant to the circumstances identified in your request.

Details o	f the exceptional circu	umstances					
Attach a separate sheet if all your details do not fit within the space provided.							

 Please include any other relevant information that you wish the Board to consider.





Please post this form 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

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