



Aboriginal and Torres Strait
Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery

Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Form Number SE-2

Senior person acknowledgement

Practitioner Details

Monitoring & Compliance number		Name (Last, First)	
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Senior person's declaration

By signing this form, I acknowledge and confirm:

1. My name is and I am the senior person at the following practice location for the practitioner:

2. I have viewed the conditions on the Practitioner's registration on the public register.

3. I am aware that, for the purposes of monitoring the Practitioner's compliance with the condition on their registration, AHPRA may request reports from me.

Signature

Date

Return form to

Case officer

Email

Post