



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

Undertake an audit of practice Practitioner acknowledgement

HP8

Australian Health Practitioner Regulation Agency

Practitioner's Details

Monitoring &
Compliance number

Name
(Last, First)

Practitioner's Declaration

By signing this form I acknowledge and confirm:

1. I have provided the auditor with a copy of the conditions on my registration as well as the contact details of my AHPRA case officer.
2. I am aware AHPRA will, for the purposes of monitoring my compliance with the conditions on my registration requiring that I undertake an audit, seek reports from the auditor after each and every audit and provide these reports to the Board.
3. I have attached an audit plan, developed with the Board approved auditor.

Signature

Date

Return form to

Case
officer

Email

Post



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Australian Health Practitioner Regulation Agency

Practitioner's Details

Monitoring &
Compliance number

Name
(Last, First)

Auditor's Details

Name (Last, First)

Registration number

Place of Practice

Postal address

Email

Contact numbers

Auditor's Declaration

By signing this form I acknowledge and confirm:

1. I have seen the conditions on the Practitioner's registration as demonstrated by my signature on the attached schedule of conditions.
2. I agree to act as auditor for the purposes of the conditions on the Practitioner's registration.
3. I hold unrestricted registration with the Board.
4. I am not in a close collegiate, family, social or financial relationship with the Practitioner.
5. I participated in the development of the audit plan with the Practitioner.
6. I agree to provide a report to the Board in relation to my findings following the completion of each audit.
7. I have been provided with the contact details of the Practitioner's AHPRA case officer.

Signature

Date

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Case
officer

Email

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