Application for exemption from continuing professional development

Profession: Paramedicine

The Paramedicine Board of Australia’s (the Board) CPD registration standard requires all practitioners, except those with non-practising or student registration, to complete at least 30 hours of CPD activities in each full registration period or 7.5 hours per quarter, or part thereof, if registered for less than a full registration period.

For example, a paramedic registered for 8 months would be required to complete 22.5 hours of CPD.

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 consider and/or grant a full or partial exemption or variation from the CPD requirements when there is compelling evidence that circumstances have created a significant obstacle to your ability to complete your required CPD.

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

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.

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.

SYMBOLES 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:

Important: 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

1. What are your personal details?

<table>
<thead>
<tr>
<th>Title</th>
<th>MR</th>
<th>MRS</th>
<th>MISS</th>
<th>MS</th>
<th>DR</th>
<th>OTHER</th>
<th>SPECIFY</th>
</tr>
</thead>
</table>

Family name

First given name

Middle name(s)

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

Registration number

P A R
2. What are your contact details?

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

Business hours

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 details

4. How many hours of exemption are you requesting?

A full exemption is 30 hours.

Number of hours of exemption requested

5. From what date did the exceptional circumstances start?

Starting date of exceptional circumstances

6. What date did the exceptional circumstances end?

If the circumstances are ongoing, please write ‘ongoing’ in the space provided.

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

Details of the exceptional circumstances

Attach a separate sheet if all your details do not fit within the space provided.

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

Additional information for Board consideration

Attach a separate sheet if all your details do not fit within the space provided.

Signature

Date

SIGN HERE

D D / M M / Y Y Y Y

Please post this form to:

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (refer below)

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

You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au