



# Application for exemption from continuing professional development

Profession: Paramedicine

The Health Practitioner Regulation National Law (the National Law)

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.



**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](http://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](http://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

### 1. What are your personal details?

**Title**  
 MR  MRS  MISS  MS  DR  OTHER

**Family name**

**First given name**

**Middle name(s)**

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

**Registration number**



**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?**

**i** 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?**

**i** A full exemption is 30 hours.

**Number of hours of exemption requested**

hours

**5. From what date did the exceptional circumstances start?**

**Starting date of exceptional circumstances**

/  /

**6. What date did the exceptional circumstances end?**

**i** 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

Lined area for describing 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

Lined area for additional information for Board consideration.



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

Signature

Date



SIGN HERE

Date input fields: DD / MM / YYYY

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