



Request for partial exemption from continuing professional development

Profession: Medical radiation practice

The Medical Radiation Practice Board of Australia (the Board)'s *Continuing professional development registration standard* requires all medical radiation practitioners to complete a minimum of 60 hours of CPD, **with a minimum of 10 hours each year**, over a three-year cycle.

The Board's CPD registration standard allows the Board to grant an exemption from or variation to, a practitioner's obligation to undertake CPD.

In exceptional circumstances the Board will consider granting exemptions from the minimum requirement of 10 hours of CPD each year and on no more than two occasions in a triennium. That is, the Board may grant exemptions for up to 20 hours of CPD out of a total of 60 hours of CPD in a triennium. Where the Board has granted exemptions on two occasions, a registered practitioner will be required to complete 40 hours of CPD to meet the triennium CPD requirements as provided for in the *Continuing professional development registration standard*.

For information on the Medical Radiation Practice Board of Australia please visit www.medicalradiationpracticeboard.gov.au



Only requests for partial exemptions will be considered.

Requests for total exemption contravene the Board's Continuing professional development registration standard and will not be considered.

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 guestion 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 send original documents unless specified.

SECTION A: Personal details

1. What is your name and registration number?

	DR 🔀	OTHER	SPECIFY				
Family name*							
First given name*							
Middle name(s)*							
Previous names known by (e.g. maiden name)							
Registration number*							
MRP							

ECPD-91

SECTION B: Special circumstances

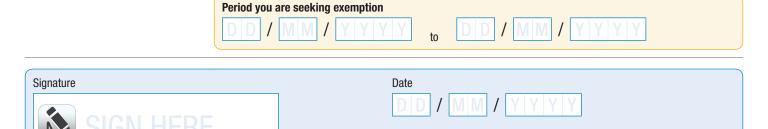
2. What is the nature of your special circumstance(s)?

Nature of special circumstances					
III health	Carers leave				
Ongoing medical condition	Other extenuating circumstances				
Maternity/paternity/parenting leave					
Provide additional details of special circumstances					
Attach a separate sheet if all your details do not fit within the space provided.					
A If approved, you will be granted an exemption from completing the minimum requirement of 10 hours of					

3. For what period of time during the current registration period are you seeking exemption?



If approved, you will be granted an exemption from completing the minimum requirement of 10 hours of continuing professional development in the period of registration (to 30 November each year). Your total triennium CPD requirement will reduce by 10 hours.



Please post this form to:



Effective from: 29 November 2016